

**CV 17-6456****ORIGINAL****UNITED STATES DISTRICT COURT****BRODIE, J.**for the  
Eastern District of New York**BLOOM, M.J.**

Pro Se Complaint for Employment Discrimination

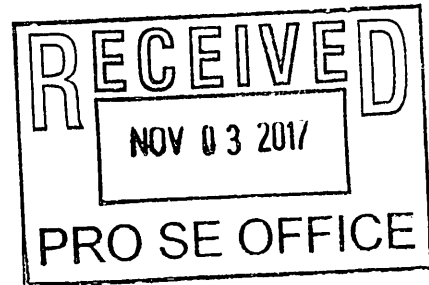
**Anthony Cammarata**

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

**Plaintiff(s)***(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

-v-

**The City University of New York, Sonia Pearson, Lidia Sanchez, Robert Ajaye, Jeff Rickman, Lin Abreu****Defendant(s)***(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*Jury Trial: (check one) ☒ Yes ☐ No**COMPLAINT FOR EMPLOYMENT DISCRIMINATION****I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Anthony Cammarata</u>
Street Address	<u>7829 81st Street</u>
City and County	<u>Glendale, Queens</u>
State and Zip Code	<u>NY 11385</u>
Telephone Number	<u>646-883-1974</u>
E-mail Address	<u>movieseer1977@gmail.com</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination**

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**Defendant No. 1**

Name	City University of New York
Job or Title <i>(if known)</i>	
Street Address	205 East 42nd Street
City and County	New York, New York
State and Zip Code	NY, 10017
Telephone Number	(646) 664-3300
E-mail Address <i>(if known)</i>	

**Defendant No. 2**

Name	Sonia Pearson
Job or Title <i>(if known)</i>	Executive Director - Central Office Human Resources
Street Address	205 East 42nd Street, 10th Floor
City and County	New York, New York
State and Zip Code	NY, 10017
Telephone Number	(646) 664-3300
E-mail Address <i>(if known)</i>	

**Defendant No. 3**

Name	Lidia Sanchez
Job or Title <i>(if known)</i>	HR Coordinator - Central Office Human Resources
Street Address	205 East 42nd Street, 10th Floor
City and County	New York, New York
State and Zip Code	NY, 10017
Telephone Number	(646) 664-3300
E-mail Address <i>(if known)</i>	

**Defendant No. 4**

Name	Robert Ajaya
Job or Title <i>(if known)</i>	DC 37 Union President, Local 2627
Street Address	125 Barclay Street
City and County	New York, New York
State and Zip Code	NY, 10007
Telephone Number	(212) 815-1932
E-mail Address <i>(if known)</i>	

Defendant No. 5  
Name Jeff Rickman  
Job or Title \_\_\_\_\_

(if known)

Street Address 205 East 42nd Street 10th Fl.  
City and County New York, New York  
State and Zip Code NY 10017  
Telephone Number 646-664-3300

E-mail Address \_\_\_\_\_  
(if known)

Defendant No. 6  
Name Lina Abreu  
Job or Title IT Assistant

(if known)

Street Address 205 East 42nd Street, 10th Fl.  
City and County New York, New York  
State and Zip Code NY 10017  
Telephone Number (646) 664-3300

E-mail Address \_\_\_\_\_  
(if known)

Defendant No. \_\_\_\_\_

Name \_\_\_\_\_

Job or Title \_\_\_\_\_

(if known)

Street Address \_\_\_\_\_

City and County \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

(if known)

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name	The City University of New York
Street Address	205 East 42nd Street, 10th Floor
City and County	New York, New York
State and Zip Code	NY, 10017
Telephone Number	(646) 664-3300

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to *(check all that apply)*:



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Other federal law *(specify the federal law)*:

Freedom of Information Act



Relevant state law *(specify, if known)*:

Consolidated Omnibus Budget Reconciliation Act



Relevant city or county law *(specify, if known)*:

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☐ Termination of my employment.
- ☐ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☐ Other acts *(specify)*: Denial of C.O.B.R.A.; Denial of F.O.I.L. Rights

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)  
September 22, 2016; November 18, 2016; November 25, 2016; December 12, 2016; January 19, 2017

C. I believe that defendant(s) *(check one)*:

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☐ race \_\_\_\_\_
- ☐ color \_\_\_\_\_
- ☐ gender/sex \_\_\_\_\_
- ☐ religion \_\_\_\_\_
- ☐ national origin \_\_\_\_\_
- ☐ age *(year of birth)* \_\_\_\_\_ *(only when asserting a claim of age discrimination.)*
- ☒ disability or perceived disability *(specify disability)*  
Mental Illness, Depression, Chronic Panic Attacks

E. The facts of my case are as follows. Attach additional pages if needed.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

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Was given false/or misleading information about disability; Denied FMLA extension even though Doctor submitted extensive diagnosis; Constant threats and bullying by employer adding to chronic depression; Was denied Freedom of Information when requesting full Personnel File; Was denied C.O.B.R.A. even though legally entitled; Employer violated HIPPA rights when seeking medical information directly and willfully from Plaintiff's Doctor without Plaintiff's consent or knowledge.

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*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

**IV. Exhaustion of Federal Administrative Remedies**

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

State Human Rights Division, January 2017

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- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on *(date)* 10/05/2017.

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

**V. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

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Award Plaintiff actual damages for loss of wages in an amount to be fixed upon inquest and be granted 2 years full salary. Plaintiff be granted full medical insurance and be granted medical benefits when retirement age is reached. Be granted full retirement eligibility and continued contribution into pension. Removal of any/all disciplinary letters in Plaintiff's Personnel File. Be granted full protection against any retaliatory remarks, counter lawsuits or accusations written or verbal, present or in the future from all Defendants.

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11/03/2017

Signature of Plaintiff

Printed Name of Plaintiff

Anthony Cammarata

EEOC Form 161 (11/16)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: **Anthony Cammarata**  
**78-29 81st Street, 2nd Floor**  
**Ridgewood, NY 11385**

From: **New York District Office**  
**33 Whitehall Street**  
**5th Floor**  
**New York, NY 10004**

☐

On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No.

**16G-2017-01471**

**Holly M. Woodyard,**  
**State & Local Program Manager**

**(212) 336-3643****THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**☐

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.

☐

Your allegations did not involve a disability as defined by the Americans With Disabilities Act.

☐

The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.

☐

Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge

☐

The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.

☒

The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.

☐

Other (briefly state)

**- NOTICE OF SUIT RIGHTS -**

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

**October 05, 2017**

Enclosures(s)

**Kevin J. Berry,**  
**District Director**

(Date Mailed)

cc:

**Attn: Director of Human Resources**  
**NEW YORK STATE, CITY UNIVERSITY OF**  
**Office of General Counsel, 11t**  
**h Floor 205 East 42nd Street**  
**New York, NY 10017**



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
New York District Office  
33 Whitehall Street, 5th Fl  
New York, N.Y. 10004

OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE, \$300



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**UNITED STATES OF AMERICA  
UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK**

\*\*\*\*\*

**ANTHONY CAMMARATA,**  
*Plaintiff*

versus

File No:

**THE CITY UNIVERSITY OF NEW YORK,  
SONIA PEARSON, ROBERT AJAYE,  
LIDIA SANCHEZ, LIN ABREU,  
JEFF RICKMAN**  
*Defendants*

**JURY TRIAL DEMANDED**

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**COMPLAINT**

COMES NOW, the Plaintiff, Anthony Cammarata  
("Cammarata"), for a Complaint against the Defendant(s), The City  
University Of New York, Sonia Pearson, Robert Ajaye, Lidia  
Sanchez, Lin Abreu, Jeff Rickman, states and alleges as follows:

**PARTIES**

1. Plaintiff, Cammarata, is a resident of the State of New York, County of Queens, employed by The Defendant, The City University Of New York, located in New York County ("CUNY")
2. CUNY is

3. The Defendant, Sonia Pearson (“Pearson”), is
4. The Defendant Robert Ajaye (“Ajaye”), is
5. The Defendant, Lidia Sanchez (“Sanchez”), is
6. The Defendant, Lin Abreu (“Abreu”), is
7. The Defendant, Jeff Rickman (“Rickman”), is

### **NATURE OF CLAIM**

This action is for declaratory and injunctive relief and for damages to redress the deprivation of rights secured to the plaintiff by the Americans with Disabilities Act, 42 U.S.C. §§ 12101 et seq (“ADA”), 42 U.S.C. §2000(e) et seq (“Title VII”), 42 U.S.C. § 1983 et seq, Family and Medical Leave Act (FMLA) and the Fourteenth Amendment.

### **JURISDICTION**

The jurisdiction of this Court is invoked pursuant to 28 U.S.C. §§ 1331, 1343 (4), 2201, 2202, and Title VII. Jurisdiction to grant injunctive and declaratory equitable relief as well as damages is

invoked pursuant to 42 U.S.C. §§ 12101 et seq (ADA); 42 U.S.C. § 1983 et seq; Family and Medical Leave Act (FMLA) and the Fourteenth Amendment.

A formal investigation was performed with EEOC issuing a Right to Sue Notification within the past 90 days. **(Exhibit A)**

### **STATEMENT OF CLAIM**

1. Plaintiff began his employment on July 28, 2008 with CUNY and was removed from payroll without notice on January 19, 2017.
2. On or around September 6, 2016, the plaintiff, Anthony Cammarata, was not feeling well, symptoms consisting of severe headaches, body fatigue and insomnia. All the while, keeping his supervisors, Dean, Carlos Flynn and Duffie Cohen apprised of his current condition via email. Six days later The City University of New York's HR Department contacted Mr. Cammarata asking him to have his Doctor fill out FMLA forms and returned by September 27, 2016.

3. Plaintiff's Doctor, Gennadiy Kvetny filled out the FMLA Forms **(Exhibit B)**. He wrote that Plaintiff was suffering from anxiety and depression, and recommended continuous bed rest. After completing the forms and emailing them back to CUNY HR, Plaintiff called CUNY HR and left a message for Francis Correa regarding filing for disability, to which he never received a response from.
4. On or about September 22, 2016, Plaintiff called CUNY HR and spoke to Lidia Sanchez, HR Coordinator. Plaintiff proceeded to ask if his FMLA Forms had been received. Ms. Sanchez then proceeded to ask plaintiff if he had any other questions. The plaintiff responded by asking if Ms. Francis Correa received his message regarding disability, to which Ms. Sanchez, responded yes. Then Ms. Sanchez followed-up with a question, "do you mean disability in terms of using your sick leave or long-term disability". Plaintiff responded by noting possible long term, but was not sure. Ms. Sanchez then proceeded to explain to Mr. Cammarata that in order

to receive Long Term Disability, he would have to be out for 6 consecutive months and have his Doctor fill out the forms at that time.

5. Plaintiff remained on FMLA for 90 days, making several visits to Dr. Kvetny, during this time, and on November 18, 2016, Plaintiff wrote an email to CUNY HR, addressed to Ms. Sanchez (**Exhibit C**). In that email, Plaintiff noted that his Doctor requested that he be put on Disability and wanted to know what the procedures were and wanted to fill out the paperwork. The email went unanswered by Ms. Sanchez.

6. 7 days later on November 25, 2016, Plaintiff sent a follow-up email again requesting the information regarding the disability procedures and once again the email went unanswered.

**(Exhibit D)**

7. At this point, Plaintiff then consulted with an attorney regarding Disability. Under the advice of the attorney who informed the Plaintiff that CUNY was denying him the right to file for Disability, Short-Term and/or possible long-term, it was

suggested that plaintiff call CUNY HR and ask for a better explanation for the denial.

8. So on or about November 28, 2016, after having exhausted the FMLA, Plaintiff called CUNY HR and spoke to another HR representative by the name of Ming Ho Chan. Plaintiff informed Mr. Chan that he had tried reaching Ms. Sanchez by phone and email, but did not receive a response. Plaintiff explained to Mr. Chan, that he received a request from his Doctor to fill out paperwork for Disability.

9. Mr. Chan proceeded to explain that Plaintiff was only entitled to file for Short Term Disability through his union only. Plaintiff became anxious as he explained to Mr. Chan that he had not been informed of this and was basically misled by Ms. Sanchez several months prior. Not responding to this information, Mr. Chan informed the Plaintiff that he would have to check with his HR Supervisors to ask them what paperwork the Plaintiff needed in order to file for Short Term Disability.

10. Within a few hours, Plaintiff received a form from Mr. Chan which was an old form from the DC 37 Union. Upon looking at this, the Plaintiff called his Union and spoke to a benefits representative. The benefits representative informed the Plaintiff that he should have filled this form out when first becoming ill. The Plaintiff was also told that he may no longer qualify and that he would have to write an appeal.

11. The Plaintiff, at this point became very distraught and did not know what to do. He called his Union Representative, Robert Ajaye, who basically said to the plaintiff “why did you wait so long”? To which the plaintiff informed Mr. Ajaye that he was given misleading information from Ms. Sanchez of CUNY HR and that he would file a complaint.

12. That same day, the Plaintiff called CUNY HR and Ms. Sanchez answered. The Plaintiff then proceeded to ask Ms. Sanchez why she never mentioned anything about Short-Term Disability. Not responding to the Plaintiff’s direct question, Ms. Sanchez proceeded to explain that he was not entitled to any



form of disability because he was already on FMLA. The Plaintiff, seeking further clarification, asked her to explain why, and she explained that since he was on FMLA, Short term Disability was no longer an option, furthermore, Ms. Sanchez then stated that short term Disability would not have paid as much as FMLA and that the Plaintiff was more or less better off staying on FMLA. However, she recommended that he could have his doctor extend the FMLA. To which the Plaintiff agreed to.

13. In an email dated November 30, 2016, (**Exhibit E**), the Plaintiff finally received an email from Ms. Sanchez, however, the email had a different response from what was discussed over the phone several days prior. Ms. Sanchez made it very clear that the Plaintiff was not eligible for any long term disability, although again, the Plaintiff never specifically asked for that. Furthermore, it was explained to the Plaintiff that he would need to submit substantial medical documentation in order to extend current leave. On December 2, 2016, the Plaintiff had his

doctor fill out the FMLA forms once again and extend his leave until February 2, 2017 (**Exhibit F**). After submitting the Forms electronically to CUNY HR, the Plaintiff did not receive a response for nearly 10 days.

14. On December 14, 2016, Plaintiff received a letter, dated December 12, 2016 from Ms. Sonia Pearson, Director of Human Resources at CUNY (**Exhibit G**). The letter briefly stated the FMLA Forms were both incomplete and insufficient. Ms. Pearson demanded that the Plaintiff see his Doctor again and have his Doctor explain in more detail why the Plaintiff should remain on FMLA. The letter stated that the Plaintiff have his Doctor send this information by the December 27, 2016 deadline, otherwise would the plaintiff would face appropriate action, because Ms. Pearson claimed the Plaintiff was absent without authorized leave.

15. On December 19, 2016, The plaintiff once again saw his Doctor and explained that he needed his Doctor to fill out the FMLA Forms more completely explaining his disability. At this

point, the Plaintiff once again felt threatened of being fired and asked the Doctor if he would also write a letter to back up the FMLA explanation. So at the Plaintiffs request, the Doctor wrote a separate letter on December 19, 2016. And was submitted electronically to Ms. Pearson at CUNY HR **(Exhibit H)**.

16. However, not receiving a response for a month, the Plaintiff finally received a letter in the mail from Ms. Pearson on January 19, 2017. The response once again was a very threatening letter **(Exhibit I)**. The letter stated that the Plaintiff failed to provide sufficient documentation for Medical Leave and appropriate action would be taken against him. The letter also demanding he return by January 30, 2017. even though initial communication from his doctor could not give a firm dates because of continuous effects from his condition.

17. Taking this threat seriously, the Plaintiff proceeded to make an appointment with his Doctor once more. Unbeknownst to the Plaintiff that on January 19, 2017, CUNY removed him from

payroll and discontinued his health insurance without any warning, thereby leaving Mr. Cammarata without any insurance coverage and in a vulnerable position. This was discovered when the Plaintiff went to the Doctor's office, whereupon his insurance card was rejected. He called his insurance carrier and they informed him he was no longer covered. The Plaintiff had to pay out of pocket \$75 which he really could not afford, in order to obtain yet another letter (**Exhibit J**) from his doctor, to send to Ms. Pearson. Ms. Pearson, in response, followed up with a final letter on the matter, February 3, 2017 (**Exhibit K**). A letter which Plaintiff did not receive by mail and only became aware of during a DHR/EEOC investigation. Plaintiff believes this letter was added after the fact given the lag time from previous responses from Ms. Pearson.

18. The Plaintiff again seeking help from his Union, spoke to his Representative, Mr. Ajaye. But when the Plaintiff explained the situation at hand, Mr. Ajaye responded with "Sorry, I don't know what to tell you". Not exactly the response the Plaintiff

expected. The Plaintiff asked why and if there could be arbitration, but again, Mr. Ajaye claimed there was nothing to arbitrate. The Plaintiff was left without any help from his Union. Without questioning it at the time, CUNY left the Plaintiff without any insurance, and did not even offer an alternative to which he could pay into, such as C.O.B.R.A. The Union did not even offer any assistance to resolve the matter. This was and still is unlawful under the Plaintiff's Contract and under the C.O.B.R.A Act.

19. Plaintiff also wishes to add charges for other unlawful actions taken against him during his employment with the City University of New York. These include, but not limited to unlawful acts of retaliation, coercion, and other incidental and consequential damages.
20. Such incidents include, CUNY purposely and willfully holding his paycheck back in April of 2014, when plaintiff suffered a brief illness only lasting 7 days. He was forced to fill out FMLA forms and when he questioned why, coincidently his paycheck

was not distributed. Furthermore, when the plaintiff requested his paycheck be relinquished, Ms. Pearson again asked that he fill out the FMLA Forms. The Plaintiff did so, but yet his paycheck was not distributed. When The Plaintiff demanded immediate action, Ms. Pearson offered an option in the form of a loan, to which the plaintiff had to pay back, once a new check was distributed. The Plaintiff became distraught and very upset, and emailed Ms. Pearson several times requesting immediate distribution of his check. However, Ms. Pearson again gave him a choice, either to accept a loan or wait 2 periods before a new check be distributed (**Exhibit L**). When the Plaintiff went to his union, the Union Representative, Mr. Ajaye only stepped in briefly because the Plaintiff CC'd Mr. Ajaye in the emails sent to Ms. Pearson. Otherwise, Mr. Ajaye wanted to involvement in the matter, almost as if he was bothered.

21. Allegedly after the plaintiff received his paycheck, a letter, from Ms. Pearson dated April 28, 2014, was sent out accusing the Plaintiff of acting irate and demanded he sign a letter

promising to never act in this manner again, otherwise he would face possible disciplinary charges (**Exhibit M**). This after they purposely withheld his check unless he filled out FMLA Forms.

22. In another incident, the following year, Plaintiff was accused of causing a departmental computer virus. To further explain, on or about August 8, 2015, Plaintiff received a visit from IT stating that the plaintiff had a virus on his machine, and therefore it had to be removed in order for them to clear it out. In turn, they gave the Plaintiff a temporary PC which was a new model. During the course of using this new PC, Plaintiff had no viruses. A week or so later, IT returned with a different PC, with a re-imaged Hard Drive, to which did not have all the necessary programs the plaintiff needed to perform his duties.
23. Once again, the machine was removed and replaced again with a New Model. This time, the plaintiff was told that this would be his PC moving forward and he was able to keep it for several months. That was until the local IT supervisor Lin Abreu contacted plaintiff via phone and informed him that he would

get his old computer back. Not understanding this, Plaintiff questioned Mr. Abreu's reasoning for the removal, with Mr. Abreau, explaining that IT was short of the Newer PC's and therefore removal was necessary. This took place on or about November 28, 2015. Plaintiff alleges as soon as the old machine was replaced back at his desk, Mr. Abreau mysteriously replaced one re-imaged hard drive with another within the same day. Further to this happening, Plaintiff also alleges, another virus occurred. This time however, it was not a typical virus, it was a malware virus. One that supposedly corrupted the entire shared drive within the Plaintiff's Department. With regard to IT, they accused Mr. Cammarata of causing the spread of the malware. The Plaintiff made several complaints to Mr. Abreu's Supervisor, Jeff Rickman, however, Plaintiff never was acknowledged.

24. Let it be stated that IT having hired employees that in some cases had no formal training and Plaintiff can attest that as an IT Assistant himself, the "Test" was nothing more than answering



simple questions regarding how to operate a PC and given a passing score. That being said, on many occasions, other members of the Plaintiff's Department also had issues with Viruses caused by IT, either by a member of the IT group leaving flash drives in machines and in several instances, whereupon IT was unable to trace a virus and problems removing a virus from machines. So to accuse the Plaintiff of causing a departmental virus was erroneous by making the Plaintiff a scapegoat for their lack of knowledge.

25. Let it also be known, that several months after this incident occurred, Plaintiff was confronted by Mr. Rickman, and in not so many words, accused the Plaintiff again of causing the viruses. Plaintiff, in defense, accused IT. Several weeks later, Plaintiff was asked to sign another letter by Ms. Pearson (**Exhibit N**), stating that Plaintiff was surfing the internet on websites not approved by CUNY. Plaintiff argued that CUNY's Policy for computer use stated that the occasional web search outside of designated CUNY Approved websites was perfectly

ok. However, they claimed the Plaintiff abused this privilege and therefore was no longer allowed to do so.

26. Plaintiff refused to sign the letter, thereby contacting his Union Representative, Mr. Ajaye, on the phone, who told the Plaintiff to sign the letter and everything would go away and be forgiven.

Which was a simple attempt, on Mr. Ajaye's part, to appease Mr. Cammarata's worries without offering to sit down with both the Plaintiff and CUNY to try to arbitrate. Mr. Ajaye basically sided with CUNY without really listening to Mr. Cammarata's concerns. Because Mr. Ajaye is also employed by CUNY, it is fair to say, that Mr. Ajaye is truly looking out for his own well-being when it comes to matters pertaining to others.

27. The Plaintiff at this point contacted an attorney, who on his behalf wrote several letters to CUNY. CUNY in turn had their lawyers argue that regardless of certain policies, which were outdated, Plaintiff still had to sign the letter, otherwise the letter would still be placed in the Plaintiff's file with an added note of refusal. So the plaintiff signed under coercion and fear of losing

his job, but attached a rebuttal accusing CUNY of forceful coercion.

28. In more recent events, Plaintiff requested his complete personnel file (**Exhibit O**). CUNY, however, thus, refused to send Plaintiff his complete personnel record, instead he only received 2 hiring letters from 2008 and 2010, documents pertaining to his pay increase, and the inclusion of address changes and other non-essential information (**Exhibit P**). This is unacceptable and unlawful according the Freedom of Information Act, to which CUNY has violated. Further to this, the Plaintiff discovered that the Defendant requested Medical Records directly from his Doctor by sending a written request without the Plaintiff's knowledge, thereby violating The HIPAA law and his civil rights. In a Letter dated September 6, 2017 (**Exhibit Q**), the Defendant, Ms. Pearson, claimed they had the right to do so. This after nearly 7 months when they refused to accept the original diagnosis from the Plaintiff's Doctor. A rebuttal by the Plaintiff was sent 2 days later on September 8,

2017 with a counter argument along with stating that his rights were violated (**Exhibit R**). No response came from the Defendant.

29. As a direct result of Defendant's actions, Plaintiff has suffered and continues to suffer anguish; financial loss, including, but not limited to loss of income and health benefits; and other incidental and consequential damages and expenses.

WHEREFORE, Plaintiff pleads that the Court:

a. Issue a permanent injunction enjoining the defendant from continuing or maintaining the policy, practice and custom of denying, abridging, withholding, or conditioning the rights of employees on the basis of disability which rights are secured by the ADA and Title VII.

b. As a result of the policies, procedures , practices, and acts of defendants, Plaintiff, Anthony Cammarata, has suffered violations of his rights, privileges, and immunities under the Constitution and aforementioned statutes and has and continues to suffer mentally, with severe emotional, psychological and financial distress,

anguish, humiliation, embarrassment, anxiety, and pain and suffering due to the willful, wanton , and deliberate misconduct of the Defendants in connection with the deprivation of his constitutional and statutory rights guaranteed Fourteenth Amendment of the Constitution of the United States, protected by 42 U.S.C. §1983 , the ADA, and Title VII.

- c. Award Plaintiff a judgment against defendant in whatever amount.

Award plaintiff actual damages for loss of wages, health insurance and other related losses in an amount to be fixed upon inquest and based upon the difference between total compensation plaintiff would have earned in the absence of this illegal discrimination against him, and the total compensation and/or benefits actually earned compensation plaintiff would have earned.

- d. Reinstate Plaintiff at current rate, original date of retirement eligibility, return sick and vacation leave.

- e. Prepare a letter of explanation to be placed in Plaintiff's personnel file and the removal of accusatory statements and

letters

f. Award Plaintiff such other and further relief that the court seems just and appropriate regarding the enforcement of the contract made by and between The City University Of New York and Plaintiff's Union DC37.

Respectfully submitted,

November 3, 2017

A handwritten signature in black ink, appearing to read 'Anthony Cammarata', with a large, stylized flourish at the end.

ANTHONY CAMMARATA

7829 81<sup>st</sup> Street

646-883-1974

movieseer1977@gmail.com

# EXHIBIT A

EEOC Form 161 (11/16)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: **Anthony Cammarata**  
**78-29 81st Street, 2nd Floor**  
**Ridgewood, NY 11385**

From: **New York District Office**  
**33 Whitehall Street**  
**5th Floor**  
**New York, NY 10004**

☐

On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No.

**16G-2017-01471**

**Holly M. Woodyard,**  
**State & Local Program Manager**

**(212) 336-3643**

## THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

☐

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.

☐

Your allegations did not involve a disability as defined by the Americans With Disabilities Act.

☐

The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.

☐

Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge

☐

The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.

☒

The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.

☐

Other (briefly state)

## - NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Enclosures(s)

**Kevin J. Berry,**  
**District Director**

**October 05, 2017**

(Date Mailed)

cc:

**Attn: Director of Human Resources**  
**NEW YORK STATE, CITY UNIVERSITY OF**  
**Office of General Counsel, 11t**  
**h Floor 205 East 42nd Street**  
**New York, NY 10017**



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
New York District Office  
33 Whitehall Street, 5th Fl  
New York, N.Y. 10004

OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE, \$300



1136547632 C045



# EXHIBIT B



## FAMILY AND MEDICAL LEAVE ACT (FMLA) - REQUEST FORM

FMLA FORM 1

College

CUNY Central Office

Eligible employees are entitled to up to 12 weeks of unpaid job-protected leave for certain family and medical reasons. If you wish to request FMLA leave, this form must be submitted as early as practicable, preferably no fewer than 30 days in advance of the start of your leave. CUNY reserves the right to deny or postpone leave for failure to give appropriate notice.

## Employee Information:

Name

Anthony Cammarata

Empl. ID

Contract Title

IT Assistant

Department

Invest In CUNY

Supervisor Name

Carlos Flynn

Phone

212 417 6371

Email

Anthony.Cammarata@Cuny.edu

Contact information while on leave

Home Phone

516 406 9817

Cell Phone

Email

## Reason for requesting leave (Check appropriate box)

☒ My own serious health condition (Attach Certification of Healthcare Provider)

☐ Birth of my child; to care for my newborn child

Date of birth

Attach appropriate documents

☐ Placement of child with me for adoption or foster care

Date of placement

☐ To care for my family member with serious health condition

(Attach Certification of Healthcare Provider &amp; Certification of Family Relationship Form)

☐ To care for a seriously injured or ill servicemember or veteran related to employee (Attach Certification of Healthcare Provider & Certification of Family Relationship Form)

☐ Family member is on or has been called to active duty in the military (Attach Certification of Qualifying Exigency & Certification of Family Relationship Form)

## Period of Leave

☒ I request CONTINUOUS FMLA LEAVE, starting

Date

9/6/2016

and ending

Date

12/1/2016

☐ I request INTERMITTENT FMLA LEAVE, starting

Date

☐ I request REDUCED WORK SCHEDULE FMLA LEAVE, starting

Date

and ending

Date

Number of hours/week

Anticipated schedule of absence must be discussed with supervisor.

For Intermittent or Reduced Work Schedule, appropriate documents must be attached.

## EMPLOYEE STATEMENT OF UNDERSTANDING

I am aware of and understand the following:

1. If the leave is for my own serious health condition or to care for a family member with a serious health condition, I must return a completed medical certification form to the Office of Human Resources within 15 days of the College's request, or as soon as practicable. Failure to do so may result in my leave being delayed until I provide this documentation; If the certification is not clear, the College can contact the Healthcare Provider for clarification.
2. Following a leave for my own serious illness, I may be required to present a fitness for duty certification to the Office of Human Resources.
3. My health benefits will continue during my leave and I am expected to continue to pay my share of health insurance premiums, if any.
4. If, under current University leave policies, I am eligible to lengthen this leave or request other leave benefits, I will submit the appropriate documents to the Office of Human Resources, prior to the conclusion of my FMLA leave.
5. If I fail to return to work upon the conclusion of this approved leave, I may be subject to disciplinary proceedings or other action in accordance with CUNY policies and applicable collective bargaining agreements.

Signature

Anthony Cammarata

Date

9/16/16

RECEIVED BY (This form must be signed by the Director of Human Resources or Designee)

Name

Signature

Date

Anthony CAMMARATA



FMLA FORM-3A

## FAMILY AND MEDICAL LEAVE ACT (FMLA)

## CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH CONDITION

## Section I: TO BE COMPLETED BY EMPLOYER

Employer College/Unit  Address

City  State  Zip Code  Tel.:  FAX

Name of Employee  Empl. ID  Department

Contract Title  ☐ Job description attached Regular Work Schedule

Essential Job Functions  
(If job description is not attached)

## Section II: INSTRUCTIONS TO EMPLOYEE

FMLA permits CUNY to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by CUNY, your response is required to obtain or retain the benefit of FMLA protections. Failure to provide a complete and sufficient medical certification may result in denial of your FMLA request.

CUNY gives you at least 15 calendar days to return this form.

This form must be returned by

## Section III: INSTRUCTIONS TO HEALTH CARE PROVIDER

The employee listed above has requested leave under the FMLA. Answer fully and completely all applicable parts.

- Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient.
- Be as specific as you can; terms such as "lifetime", "unknown", or "indeterminate" may not be sufficient to determine FMLA coverage.
- Limit your responses to the condition for which the employee is seeking care.
- Do not provide information about genetic tests, genetic services, or the manifestation of disease or disorder in the employee's family members.

PLEASE PRINT CLEARLY OR TYPE. SIGN THE FORM ON THE LAST PAGE (PAGE 4).

Health Care Provider's Name

Telephone  FAX

Address

City  State  Zip Code  Country

Type of Practice /Medical Speciality:

FP

Anthony CAMMARATA

**FAMILY AND MEDICAL LEAVE ACT (FMLA)  
CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH CONDITION**

**PART A: MEDICAL FACTS**

Approximate date condition commenced 01/16 Probable duration of condition chronic

**Answer as applicable**

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility? ☐ Yes ☒ No

If yes, dates of admission From \_\_\_\_\_ To \_\_\_\_\_

Dates you treated the patient for a condition 9/13/16 : 02/11/16

Will the patient need to have treatment visits at least twice per year due to the condition? ☒ Yes ☐ No

Was medication, other than over-the-counter medication, prescribed? ☒ Yes ☐ No

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? ☐ Yes ☒ No

If yes, state the nature of such treatments and expected duration of treatment:

Is the medical condition pregnancy? ☐ Yes ☒ No If yes, expected date of delivery \_\_\_\_\_

**Use the information provided by the Employer in Section 1 to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job.**

Is the employee unable to perform any of his/her job functions due to the condition? ☒ Yes ☐ No

If yes, identify the job functions the employee is unable to perform:

NONE during a flare up

Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment, such as the use of specialized equipment):

Patient suffers of  
anxiety & depression &  
Insomnia & panic  
attacks

Anthony Cammarate

**FAMILY AND MEDICAL LEAVE ACT (FMLA)  
CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH CONDITION**

**PART B: AMOUNT OF LEAVE NEEDED**

Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☒ Yes ☐ No

If yes, estimate the beginning and end dates for the period of incapacity: From 9/13/16 To 12/01/16

Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ☒ Yes ☐ No

If yes, are the treatments or the reduced number of hours of work medically necessary? ☒ Yes ☐ No

Estimate treatment schedule, if any including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any: Hour(s) per day \_\_\_\_\_ Days per week \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☒ Yes ☐ No

Is it medically necessary for the employee to be absent from work during the flare-ups? ☒ Yes ☐ No

If yes, explain

during Anxiety & panic attacks  
patient is unable to  
work

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., episode every 3 months lasting 1-2 days):

**Frequency** No. of times per week \_\_\_\_\_ No. of times per month 1-2

**Duration** No. of hours per episode \_\_\_\_\_ No. of day(s) per episode 1-3

*Anthony Cammarato*

FAMILY AND MEDICAL LEAVE ACT (FMLA)  
CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH CONDITION

**ADDITIONAL INFORMATION:**

IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER:

PRINT NAME OF HEALTH CARE PROVIDER

SIGNATURE OF HEALTH CARE PROVIDER

LICENSE #

DATE

*Gk*  
GENNADIY KVETNY, PHYSICIAN, P.C.  
75-54 Metropolitan Avenue  
Middle Village, New York 11379  
718/894-4200

*208977*

*9/14/10*

# EXHIBIT C



## Fw: FML Designation Notice - A. Cammarata

Anthony Cammarata

Fri 11/18/2016 2:39 PM

To: Lidia Sanchez <Lidia.Sanchez@cuny.edu>;

Cc: civilrights@aol.com <civilrights@aol.com>; Frances Correa <Frances.Correa@cuny.edu>; Sujata Malhotra <Sujata.Malhotra@cuny.edu>;

---

**From:** Anthony Cammarata  
**Sent:** Friday, November 18, 2016 2:39 PM  
**To:** Lidia Sanchez  
**Subject:** Re: FML Designation Notice - A. Cammarata

Hi Lidia,

I spoke to my Doctor and he has requested I obtain Disability paperwork. He wants to put me on disability. He has also requested your policies regarding disability. Please let me know as soon as possible as I am seeing him next week and would like to get the paperwork started. Thank you,

Anthony Cammarata

# EXHIBIT D

## Fw: FML Designation Notice - A. Cammarata

Anthony Cammarata

Fri 11/25/2016 12:36 PM

To: Lidia Sanchez <Lidia.Sanchez@cuny.edu>;

Cc: civilrightslaw@aol.com <civilrightslaw@aol.com>; Frances Correa <Frances.Correa@cuny.edu>; Sujata Malhotra <Sujata.Malhotra@cuny.edu>;

Good afternoon Ms. Sanchez,

Last week I requested Disability paperwork from you. However, I did not receive a response from your office. My doctor is recommending that I go on Disability. Please understand that it is pertinent that my doctor receive this paperwork to fill out as soon as possible. I am seeing him this coming Monday, November 28th, 2016. Please let me know when the paperwork will be sent. Thank you.

Anthony Cammarata

---

**From:** Anthony Cammarata  
**Sent:** Friday, November 18, 2016 2:39 PM  
**To:** Lidia Sanchez  
**Subject:** Re: FML Designation Notice - A. Cammarata

Hi Lidia,

I spoke to my Doctor and he has requested I obtain Disability paperwork. He wants to put me on disability. He has also requested your policies regarding disability. Please let me know as soon as possible as I am seeing him next week and would like to get the paperwork started. Thank you,

Anthony Cammarata

---

**From:** Lidia Sanchez  
**Sent:** Monday, October 3, 2016 3:47 PM  
**To:** Anthony Cammarata  
**Cc:** Carlos Flynn  
**Subject:** FML Designation Notice - A. Cammarata

Hi Anthony,  
Please find the attached Family Medical Leave Designation Notice approving your leave.

Feel free to contact me with any questions.  
Thank you,

Lidia Sanchez

**CUNY | Central Office Human Resources**

205 East 42<sup>nd</sup> Street, 10<sup>th</sup> Floor

New York, NY 10017

[Lidia.Sanchez@cuny.edu](mailto:Lidia.Sanchez@cuny.edu)

Phone: (646) 664-3281

Fax: (646) 664-2062

# EXHIBIT E

**Lidia Sanchez**

---

**From:** Lidia Sanchez  
**Sent:** Wednesday, November 30, 2016 4:29 PM  
**To:** Anthony Cammarata  
**Cc:** civilrightslaw@aol.com; Frances Correa; Sujata Malhotra  
**Subject:** RE: FML Designation Notice - A. Cammarata

Hi Anthony,

Per our recent phone conversation, you will need to submit substantial medical documentation in order to extend your current leave. Unfortunately, you are not eligible for long term disability under your classification. You will need to contact your union in regards to short term disability. It is our understanding that short term disability is for staff who are on leave and in unpaid status.

Feel free to contact me with any questions.

Thank you,

Lidia Sanchez  
CUNY | Central Office Human Resources  
205 East 42<sup>nd</sup> Street, 10<sup>th</sup> Floor  
New York, NY 10017  
[Lidia.Sanchez@cuny.edu](mailto:Lidia.Sanchez@cuny.edu)  
Phone: (646) 664-3281  
Fax: (646) 664-2962

**From:** Anthony Cammarata  
**Sent:** Friday, November 25, 2016 12:36 PM  
**To:** Lidia Sanchez <[Lidia.Sanchez@cuny.edu](mailto:Lidia.Sanchez@cuny.edu)>  
**Cc:** civilrightslaw@aol.com; Frances Correa <[Frances.Correa@cuny.edu](mailto:Frances.Correa@cuny.edu)>; Sujata Malhotra <[Sujata.Malhotra@cuny.edu](mailto:Sujata.Malhotra@cuny.edu)>  
**Subject:** Fw: FML Designation Notice - A. Cammarata

Good afternoon Ms. Sanchez,

Last week I requested Disability paperwork from you. However, I did not receive a response from your office. My doctor is recommending that I go on Disability. Please understand that it is pertinent that my doctor receive this paperwork to fill out as soon as possible. I am seeing him this coming Monday, November 28th, 2016. Please let me know when the paperwork will be sent. Thank you.

Anthony Cammarata

---

**From:** Anthony Cammarata  
**Sent:** Friday, November 18, 2016 2:39 PM  
**To:** Lidia Sanchez  
**Subject:** Re: FML Designation Notice - A. Cammarata

Hi Lidia,

I spoke to my Doctor and he has requested I obtain Disability paperwork. He wants to put me on disability. He has also requested your policies regarding disability. Please let me know as soon as possible as I am seeing him next week and would like to get the paperwork started. Thank you,

**Anthony Cammarata**

---

**From:** Lidia Sanchez  
**Sent:** Monday, October 3, 2016 3:47 PM  
**To:** Anthony Cammarata  
**Cc:** Carlos Flynn  
**Subject:** FML Designation Notice - A. Cammarata

Hi Anthony,  
Please find the attached Family Medical Leave Designation Notice approving your leave.

Feel free to contact me with any questions.  
Thank you,

Lidia Sanchez  
CUNY | Central Office Human Resources  
205 East 42<sup>nd</sup> Street, 10<sup>th</sup> Floor  
New York, NY 10017  
[Lidia.Sanchez@cuny.edu](mailto:Lidia.Sanchez@cuny.edu)  
Phone: (646) 664-3281  
Fax: (646) 664-2962

# EXHIBIT F



**Lidia Sanchez**

---

**From:** Anthony Cammarata  
**Sent:** Friday, December 02, 2016 12:47 PM  
**To:** Lidia Sanchez  
**Cc:** Arlena Yuen; Ming Ho Chan  
**Subject:** Re: FML extension – Anthony Cammarata  
**Attachments:** FMLA\_20161202.pdf

Hi Ms. Sanchez,

Attached is the FMLA Forms as requested. Thank you.

Anthony Cammarata

---

**From:** Ming Ho Chan  
**Sent:** Monday, November 28, 2016 1:46 PM  
**To:** Anthony Cammarata  
**Cc:** Lidia Sanchez; Arlena Yuen  
**Subject:** FML extension – Anthony Cammarata

Dear Anthony,

Please follow link to:

- FMLA request form  
<http://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/hr/benefits/FMLA-RequestForm-3-9-16.pdf>
- Certification of HCP for Employee's serious health condition  
<http://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/hr/benefits/FMLA-HCP-Employee-Form-3-9-16.pdf>

I also attached the DC 37 Disability Claim Form.

Thank you,

Ming Ho Chan (Mr.)  
[Mingho.chan@cuny.edu](mailto:Mingho.chan@cuny.edu)  
205 East 42<sup>nd</sup> St, 10<sup>th</sup> Floor  
New York, NY 10017  
Phone: (646)664-3313  
Fax: (646)664-3923



Please use *Reply/Reply All* to ensure swift transactions.



## FAMILY AND MEDICAL LEAVE ACT (FMLA) - REQUEST FORM

FMLA FORM 1

College

Contract/Office

Eligible employees are entitled to up to 12 weeks of unpaid job-protected leave for certain family and medical reasons. If you wish to request FMLA leave, this form must be submitted as early as practicable, preferably no fewer than 30 days in advance of the start of your leave. CUNY reserves the right to deny or postpone leave for failure to give appropriate notice.

## Employee Information:

Name

Anthony Cammarata

Empl. ID

Contract Title

I.T. Asst.

Department

Invest In CUNY

Supervisor Name

Carlos Flynn

Phone

646 664 3271

Email

anthony.cammarata@cityu.edu

Contact information while on leave

Home Phone

516 406 9817

Cell Phone

Email

## Reason for requesting leave (Check appropriate box)



My own serious health condition (Attach Certification of Healthcare Provider)



Birth of my child; to care for my newborn child

Date of birth

3/16/74

Attach appropriate documents



Placement of child with me for adoption or foster care

Date of placement



To care for my family member with serious health condition

(Attach Certification of Healthcare Provider &amp; Certification of Family Relationship Form)



To care for a seriously injured or ill servicemember or veteran related to employee (Attach Certification of Healthcare Provider &amp; Certification of Family Relationship Form)



Family member is on or has been called to active duty in the military (Attach Certification of Qualifying Exigency &amp; Certification of Family Relationship Form)

## Period of Leave



I request CONTINUOUS FMLA LEAVE, starting

Date

12/2/16

and ending

Date

2/1/17



I request INTERMITTENT FMLA LEAVE, starting

Date



I request REDUCED WORK SCHEDULE FMLA LEAVE, starting

Date

and ending

Date

Number of hours/week

Anticipated schedule of absence must be discussed with supervisor.

For Intermittent or Reduced Work Schedule, appropriate documents must be attached.

## EMPLOYEE STATEMENT OF UNDERSTANDING

I am aware of and understand the following:

1. If the leave is for my own serious health condition or to care for a family member with a serious health condition, I must return a completed medical certification form to the Office of Human Resources within 15 days of the College's request, or as soon as practicable. Failure to do so may result in my leave being delayed until I provide this documentation; if the certification is not clear, the College can contact the Healthcare Provider for clarification.
2. Following a leave for my own serious illness, I may be required to present a fitness for duty certification to the Office of Human Resources.
3. My health benefits will continue during my leave and I am expected to continue to pay my share of health insurance premiums, if any.
4. If, under current University leave policies, I am eligible to lengthen this leave or request other leave benefits, I will submit the appropriate documents to the Office of Human Resources, prior to the conclusion of my FMLA leave.
5. If I fail to return to work upon the conclusion of this approved leave, I may be subject to disciplinary proceedings or other action in accordance with CUNY policies and applicable collective bargaining agreements.

Signature

Anthony Cammarata

Date

12/2/16

## RECEIVED BY (This form must be signed by the Director of Human Resources or Designee)

Name

Signature

Date

Anthony LAMMARA



FMLA FORM-3 A

**FAMILY AND MEDICAL LEAVE ACT (FMLA)  
CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH CONDITION**

**Section I: TO BE COMPLETED BY EMPLOYER**

Employer College/Unit  Address

City  State  Zip Code  Tel:  FAX

Name of Employee  Empl. ID  Department

Contract Title  ☐ Job description attached Regular Work Schedule

Essential Job Functions  
(If job description is not attached)

**Section II: INSTRUCTIONS TO EMPLOYEE**

FMLA permits CUNY to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by CUNY, your response is required to obtain or retain the benefit of FMLA protections. Failure to provide a complete and sufficient medical certification may result in denial of your FMLA request.

CUNY gives you at least 15 calendar days to return this form.

This form must be returned by

**Section III: INSTRUCTIONS TO HEALTH CARE PROVIDER**

The employee listed above has requested leave under the FMLA. Answer fully and completely all applicable parts.

- Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient.
- Be as specific as you can; terms such as "lifetime", "unknown", or "indeterminate" may not be sufficient to determine FMLA coverage.
- Limit your responses to the condition for which the employee is seeking care.
- Do not provide information about genetic tests, genetic services, or the manifestation of disease or disorder in the employee's family members.

**PLEASE PRINT CLEARLY OR TYPE. SIGN THE FORM ON THE LAST PAGE (PAGE 4).**

Health Care Provider's Name

Telephone  FAX

Address

City  State  Zip Code  Country

Type of Practice /Medical Speciality:

FP

CARMARATA, Anthony

**FAMILY AND MEDICAL LEAVE ACT (FMLA)  
CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH CONDITION**

**PART A: MEDICAL FACTS**

Approximate date condition commenced

01/16

Probable duration of condition

chronic

**Answer as applicable**Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility? ☐ Yes ☒ No

If yes, dates of admission From

To

Dates you treated the patient for a condition

9/13/16, 02/11/16, 11/28/16, 9/27/16, 11/07/16

Will the patient need to have treatment visits at least twice per year due to the condition?

☐ Yes ☒ No

Was medication, other than over-the-counter medication, prescribed?

☐ Yes ☒ No

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

☐ Yes ☒ No

If yes, state the nature of such treatments and expected duration of treatment:

Psychiatrist

Is the medical condition pregnancy?

☐ Yes ☒ No

If yes, expected date of delivery

**Use the information provided by the Employer in Section 1 to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job.**

Is the employee unable to perform any of his/her job functions due to the condition?

☐ Yes ☒ No

If yes, identify the job functions the employee is unable to perform:

during panic attack

Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment, such as the use of specialized equipment):

Anxiety  
- depression  
- panic  
- attacks

GENNADIY KVETNY, PHYSICIAN, P.C.  
 75-54 Manhattan Avenue  
 Middle Village, New York 11379  
 (718) 894-4200

## FAMILY AND MEDICAL LEAVE ACT (FMLA)

## CERTIFICATION OF HEALTHCARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH CONDITION

*CAMMARATO, Anthony*

## PART B: AMOUNT OF LEAVE NEEDED

Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☒ Yes ☐ No

If yes, estimate the beginning and end dates for the period of incapacity: From 9/13/16 To 02/01/17 B.K.

Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ☒ Yes ☐ No

If yes, are the treatments or the reduced number of hours of work medically necessary? ☒ Yes ☐ No

Estimate treatment schedule, if any including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any: Hour(s) per day \_\_\_\_\_ Days per week \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_

Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☒ Yes ☐ No

Is it medically necessary for the employee to be absent from work during the flare-ups? ☒ Yes ☐ No

If yes, explain

*during home at -*

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., episode every 3 months lasting 1-2 days):

Frequency No. of times per week \_\_\_\_\_ No. of times per month 1-3

Duration No. of hours per episode \_\_\_\_\_ No. of day(s) per episode 1-7

*CAMMARCH, Aubrey*

**FAMILY AND MEDICAL LEAVE ACT (FMLA)  
CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH CONDITION**

**ADDITIONAL INFORMATION:**

IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER:

PRINT NAME OF HEALTH CARE PROVIDER

GENNADIY KVETNY, PHYSICIAN, P.C.  
75-54 Metropolitan Avenue  
Middle Village, New York 11379  
718/894-4200

SIGNATURE OF HEALTH CARE PROVIDER

*GK*

LICENSE #

208977

DATE

11/30/17

# EXHIBIT G



Office of Human Resources Management  
Central Office Human Resources  
205 E. 42<sup>nd</sup> Street, 10<sup>th</sup> Floor  
New York, NY 10017  
Tel: 646-664-3300  
Fax: 646-664-2962

December 12, 2016

**E-MAIL AND  
REGULAR MAIL**

Anthony Cammarata  
7829 81st Street  
Glendale, NY 11385-7632

Dear Mr. Cammarata:

This is a follow up to your request for a medical leave of absence dated December 2, 2016. Please note the medical certification submitted is both incomplete and insufficient.

The medical certification is incomplete for the following reasons:

- The job duties you are unable to perform are not listed in Part A.
- There is no estimated treatment schedule listed in Part B.

The medical certification is also insufficient, as the answers to the questions asked are vague, ambiguous or non-responsive. In particular:

- It is unclear why is it medically necessary for you to be absent from work during flare-ups (Part B).
- Based on the reported frequency of flare-ups indicated in Part B, it is unclear why intermittent leave is not requested instead of continuous leave.

Have your physician provide the requested information by **Tuesday, December 27, 2016**. Please be reminded you have exhausted your 12 week Family Medical Leave (FML) entitlement as of November 28, 2016. Therefore, it is at the University's discretion to grant your request for medical leave. If you fail to provide my office with the requested information by the appointed deadline, you will be considered absent without authorized leave and appropriate action may be taken.

Sincerely,

A handwritten signature in black ink, appearing to read "S. S. Pearson", is written over a horizontal line.

Sonia S. Pearson  
Director of Human Resources





# EXHIBIT H

**GENNADIY KVETNY, PHYSICIAN, P.C.**  
*Family Practice*  
75-54 METROPOLITAN AVENUE  
MIDDLE VILLAGE, NY 11379  
TEL: (718) 326-0101 • (718) 894-4200 • FAX: (718) 894-3900

December 19, 2016

Re: Anthony Cammarata

D.O.B: 03/16/1974

To Whom It May Concern:

Mr. Anthony Cammarata is a patient of mine who suffers from anxiety and depression. He is currently taking medication for it. He suffers daily from panic attacks, therefore, he is continuously disabled. He is schedule to see his psychiatrist in January 2017.

If there are any further questions, please feel free to give me a call at 718 894 4200.

Sincerely,



Gennadiy Kvetny

GENNADIY KVETNY, PHYSICIAN, P.C.  
75-54 Metropolitan Avenue  
Middle Village, New York 11379  
718/894-4200

# EXHIBIT I



**Office of Human Resources Management**  
Central Office Human Resources  
205 E. 42<sup>nd</sup> Street, 10<sup>th</sup> Floor  
New York, NY 10017  
Tel: 646-664-3300  
Fax: 646-664-2962

January 19, 2017

**E-MAIL AND  
REGULAR MAIL**

Anthony Cammarata  
7829 81st Street  
Glendale, NY 11385-7632

Dear Mr. Cammarata:

This is a follow up to my letter dated December 12, 2016, in which additional information was requested for your December 2, 2016 request for a medical leave of absence. As I noted in my previous letter, information was needed to clarify your request, as it was both incomplete and insufficient. I am in receipt of Dr. Kvetny's letter dated December 19, 2016, but it does not provide the information requested in my December 12, 2016 letter.

You have failed to provide sufficient medical documentation to support your request for medical leave. Since you have failed to provide my office with the requested information by the previously appointed deadline, you are considered absent without authorized leave and appropriate action may be taken if you do not return to duty by **Monday, January 30, 2017**.

Feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "S. S. Pearson", is located below the word "Sincerely,".

Sonia S. Pearson  
Director of Human Resources



# EXHIBIT J

**From:** twolibrarians <twolibrarians@aim.com>

**To:** Sonia.Pearson <Sonia.Pearson@mail.cuny.edu>

**Cc:** rajaye <rajaye@gmail.com>

**Bcc:** civilrightslaw <civilrightslaw@aim.com>

**Subject:** Dr. Kvetny Letter for Anthony Cammarata

**Date:** Mon, Jan 30, 2017 10:16 pm

**Attachments:** DR. KVETNY LETTER FOR ANTHONY CAMMARATA 01:30:2017.pdf (2536K)

---

Dear Ms. Pearson,

Attached is a letter from Dr. Kvetny which which explains my disabling condition which is continuous. I am deeply depressed and and not in a good state of mind. I am suffering emotionally and physically with constant anxiety. In a word, I am not well and do not feel like myself anymore. To much has happened in my life, including the the recent events of the past 2 years being subjected to threats and instilled fear from CUNY. All of this took its toll on me and I suffered nervous breakdown. The mind and body can only take so much and mine is broken. I cannot function as a I once did. I am seeking help an d am on continuous medication.

Anthony Cammarata

**GENNADIY KVETNY, PHYSICIAN, P.C.**

*Family Practice*

75-54 METROPOLITAN AVENUE

MIDDLE VILLAGE, NY 11379

TEL: (718) 326-0101 • (718) 894-4200 • FAX: (718) 894-3900

January 30th, 2017

Re: Anthony Cammarata

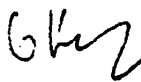
D.O.B: 03/16/1974

To Whom It May Concern:

Mr. Anthony Cammarata is a patient of mine who suffers from anxiety and depression. He is currently taking medication for his condition. He suffers daily from panic attacks with chest tightness and occasional diarrhea; therefore, he is continuously disabled and is unable to perform all job duties at this time. His treatment is ongoing and his condition is continuous.

If there are any further questions, please feel free to give me a call at 718 894 4200.

Sincerely,



Gennadiy Kvetny

**GENNADIY KVETNY, PHYSICIAN, P.C.**

75-54 Metropolitan Avenue

Middle Village, New York 11379

TEL: (718) 326-0101 • (718) 894-4200 • FAX: (718) 894-3900

# EXHIBIT K





**Office of Human Resources Management**  
**Central Office Human Resources**  
205 E. 42<sup>nd</sup> Street, 10<sup>th</sup> Floor  
New York, NY 10017  
Tel: 848-684-3300  
Fax: 848-684-2962

February 3, 2017

**E-MAIL AND  
REGULAR MAIL**

Anthony Cammarata  
7829 81st Street  
Glendale, NY 11385-7632

Dear Mr. Cammarata:

I am in receipt of Dr. Kvetny's letter dated January 30, 2017, which you e-mailed to me on the same date. Please be advised that this letter does not provide the information requested in my December 12, 2016 letter requesting complete and sufficient information to substantiate your request for extended medical leave.

I am enclosing with this letter a Non-FML Medical Leave Request Form, since you have already exhausted your 12 week Family Medical Leave (FML) entitlement. Your health care provider must provide sufficient and specific medical information on this form to support your request for medical leave. If you fail to provide my office with the requested information by February 17, 2017, you will continue to be considered absent without authorized leave.

Sincerely,

A handwritten signature in black ink, appearing to read "S. S. Pearson", is written over a horizontal line.

Sonia S. Pearson  
Director of Human Resources

Enclosure

THE CITY UNIVERSITY OF NEW YORK OFFICE OF HUMAN RESOURCES MANAGEMENT  
205 E. 42<sup>ND</sup> STREET, 10<sup>TH</sup> FLOOR NEW YORK, NY 10017  
TEL: 848-684-3300 FAX: 848-684-2962

# EXHIBIT L

RE: CUNY has missed placed a pay check

Sonia Pearson

Thu 4/17/2014 5:27 PM

To: 'Robert Ajaye (Local 2627 President) (212)815-1932' <rajaye@gmail.com>; Anthony Cammarata <Anthony.Cammarata@cuny.edu>;  
Cc: Carmelo Batista <Carmelo.Batista@cuny.edu>;

Hi Robert,

I'm working on an advance for Mr. Cammarata. I don't believe you have all the facts regarding the FML request.

**From:** Robert Ajaye (Local 2627 President) (212)815-1932 [mailto:rajaye@gmail.com]

**Sent:** Thursday, April 17, 2014 3:30 PM

**To:** Sonia Pearson; Anthony Cammarata

**Cc:** Carmelo Batista

**Subject:** CUNY has missed placed a pay check

Greetings Ms. Pearson,

Anthony Cammarata returned from doctored ordered sick leave due to the flu. He returned to work and was ordered to go back home by his supervisor Carlos Flynn. Mr. Cammarata has now returned back to work. His doctor cleared him. Mr. Cammarata has at least 50 days of sick leave on the books. Mr Cammarata is being ask to file for FMLA? These were not intermittent sick days.

Also once again Mr. Cammarata's pay check has been misplaced. And i'm been told that there is no immediate action to resolve this. Can we discuss these two issues? I'm forwarding Mr. Cammarata's email to me to you following this email. Thanks.

FW: CUNY has missed placed a pay check

Anthony Cammarata

Fri 4/18/2014 9:33 AM

To:rajaye@gmail.com <rajaye@gmail.com>;

Hello again Mr. Ajaye,

I don't understand what Ms. Pearson meant by not having all the facts regarding FML. Again FML is only to be used if I have exhausted all of my allowable leave. I have not done so. Furthermore, I do not have a serious illness to which I cannot return to work. It seems that Mr. Flynn has portrayed my being sick for 10 days as something more severe than it is. I had a doctor's note allowing me to return to work on Monday, April 14th. I was ordered to go home because Mr. Flynn felt I was too ill. I told him I may, may have had a fever. I went home and called my doctor. My doctor told me if I had a fever to rest up and see how I felt in a day or so. So, I stayed home Tuesday and Wednesday because I wanted to make sure I could return without being ordered to return home again. So I returned on Thursday, April 17th and felt fine. When Mr. Flynn arrived to the office, he once again said I shouldnt have come back. I told him I felt fine. He said that I should go home early. I said I would stay. He was not too thrilled with that, yet he asked me to process a few invoices. So apparently, according to him, I was well enough to stay long enough to process invoices. Anyway, I stayed until 4:30. I did not tak a lunch hour. But that is a separate issue. In an case, I am being forced to stay home today and cannot return until I meet CUNY's demands. This will be my last email until I hear from you. I will file a complaint withh EEOC if this isn't resolved. CUNY is contradicting their own policy. Thank you,

Anthony Cammarata

---

From: Sonia Pearson  
Sent: Thursday, April 17, 2014 5:27 PM  
To: 'Robert Ajaye (Local 2627 President) (212)815-1932'; Anthony Cammarata  
Cc: Carmelo Batista  
Subject: RE: CUNY has missed placed a pay check

Hi Robert,  
I'm working on an advance for Mr. Cammarata. I don't believe you have all the facts regarding the FML request.

From: Robert Ajaye (Local 2627 President) (212)815-1932 [<mailto:rajaye@gmail.com>]  
Sent: Thursday, April 17, 2014 3:30 PM  
To: Sonia Pearson; Anthony Cammarata  
Cc: Carmelo Batista  
Subject: CUNY has missed placed a pay check

Greetings Ms. Pearson,

Anthony Cammarata returned from doctored ordered sick leave due to the flu. He returned to work and was ordered to go back home by his supervisor Carlos Flynn. Mr. Cammarata has now returned back to work. His doctor cleared him. Mr. Cammarata has at least 50 days of sick leave on the books. Mr Cammarata is being ask to file for FMLA? These were not intermittent sick days.

Also once again Mr. Cammarata's pay check has been misplaced. And i'm been told that there is no immediate action to resolve this. Can we discuss these two issues? I'm forwarding Mr. Cammarata's email to me to you following this email. Thanks.

FW: Anthony Cammarata

Anthony Cammarata

Fri 4/18/2014 10:11 AM

To: fish@davidmfish.com <fish@davidmfish.com>;

Hi Mr. Fish,

This is the initial email I sent to my union Rep. Robert Ajaye. Please look it over as you will see I have italicized the section of where it speaks of the requirements for FMLA. At the bottom, I have the link to the policy. My doctor will not fill this out because I do not have a serious condition. I had the flu and my appearance is worst than what I feel. Anyway please let me know what you think I should do. Thank you.

Anthony Cammarata

---

From: Anthony Cammarata  
Sent: Thursday, April 17, 2014 2:42 PM  
To: 'rajaye@gmail.com'  
Subject: Anthony Cammarata

Just for your information, on April 3, 2014, I sent an email to my Supervisor, Carlos Flynn, indicating I did not feel well, I had flu like symptoms. I stayed home the April 4th and the following 5 days April 7 through April 11. I saw my doctor that week and he gave me a certificate to return to work on April 13. Upon returning on April 13th, I received a call from Mr. Flynn. He asked me how I was feeling. I told him I still felt sick and may have had a bit of a fever. He ordered, not suggested, to go home and to call my doctor. So I went home only after about an hour of work. I called my doctor, he prescribed a stronger Antibiotic and said to rest a few more days. So I did. I called HR yesterday on another matter regarding my paycheck and spoke to Arlena Yuen, who informed me that Mr. Flynn had spoken to her about my being out since April 4th and she told me that if I was out for more than 5 days, my doctor had to fill out a FMLA so my job would not be in jeopardy. Just for the record the FMLA clearly states that "Under the CUNY FMLA policy, an employee's leave of absence may be either paid or unpaid. However, before unpaid FMLA leave may be authorized, the employee will be required to exhaust any appropriate accrued paid leave". Furthermore, I have not exhausted my sick leave. I have roughly 50 days. I also have a doctor's note which maybe null now because I stayed home again for the past 3 days. I am back again now, and yet again, I am being asked to go home. Mr. Flynn spoke to Ms. Sonia Pearson, Head of CUNY HR, and she told him, yes, I have to have my doctor fill out an FMLA form. I don't understand this. I returned to work with a note stating I had no limitations, nor that I had a severe illness. Regardless of how I may look, I feel that I can work. It seems to me that perhaps they rather my take FMLA so they do not have to pay me, which goes against their own policy. I am attaching said policy below along with the phone numbers for MS. Pearson and Ms. Yuen from HR. Please look into this. I will get another note if necessary, but unless I am forced to have my doctor fill out forms that really don't apply to my current circumstances, I will not have him fill them out.

Also, this is the second time they have misplaced my paycheck. I have bills to pay and other responsibilities. Please inquire about this as well. I know the state cut me a paper check. I was supposed to receive it yesterday after 3pm. I was told HR could not locate it. I was also told I would have to put a stop payment on this check and wait another 10 days to be issued a replacement. I cannot go through that. I will file a lawsuit if I have to go through this.

arlena.yuen@cuny.edu 1:17 PM  
FML Policy:

## Lost Paycheck for Anthony Cammarata

Anthony Cammarata

Mon 4/21/2014 12:30 PM

To: Sonia Pearson <Sonia.Pearson@cuny.edu>;

Cc: rajaye@gmail.com <rajaye@gmail.com>; Shakira Smith <Shakira.Smith@cuny.edu>;

Bcc: civilrightslaw@aol.com <civilrightslaw@aol.com>;

Dear Ms. Pearson,

I have a responsibility to my family and the instance that my check was lost by The University, has put me in a state of panic. I do not have the funds to pay my bill this month or help my father with his medical bills because of this slip up on the part of the University. Again, I would hope to at least receive a cordial response from you at least by the end of business day, today and hope that the necessary steps are being taken to re-issue me a new check as soon as possible. I will take other measures if necessary. Thank you.

Anthony Cammarata  
IT Assistant  
Invest In CUNY Campaign Office  
(212) 417-6371

**From:** Anthony Cammarata  
**Sent:** Monday, April 21, 2014 11:08 AM  
**To:** Sonia Pearson  
**Cc:** Arlena Yuen; 'rajaye@gmail.com'; Carlos Flynn  
**Subject:** RE: Doctor's Certificate of Clearance for Anthony Cammarata

Dear Ms. Pearson,

And what of my paycheck. As I mentioned in an earlier email. I am not going to submit a check from my checking account to the University. The University lost my check and therefore is responsible for putting a stop payment and having the state re-issue me a new one. I expect to have a re-issued paycheck by April 25, 2014. Thank you.

Anthony Cammarata  
IT Assistant  
Invest In CUNY Campaign Office  
(212) 417-6371

**From:** Sonia Pearson

**Sent:** Monday, April 21, 2014 10:58 AM  
**To:** Anthony Cammarata  
**Cc:** Arlena Yuen; 'rajaye@gmail.com'; Carlos Flynn  
**Subject:** RE: Doctor's Certificate of Clearance for Anthony Cammarata

Dear Mr. Cammarata,  
We need you and your physician to complete the entire Family Medical Leave forms and return them to me by Friday, April 25, 2014.

**From:** Anthony Cammarata  
**Sent:** Monday, April 21, 2014 9:43 AM  
**To:** Sonia Pearson  
**Cc:** Arlena Yuen; [rajaye@gmail.com](mailto:rajaye@gmail.com); Carlos Flynn  
**Subject:** Doctor's Certificate of Clearance for Anthony Cammarata

Dear Ms. Pearson,

As agreed upon with you and Mr. Ajaye, I am submitting the Doctor's Certificate giving me clearance to return to work. Once again, Mr. Ajaye had mentioned that this would be sufficient enough for my return and that an FMLA was not necessary. However, I would like this to be re-confirmed in writing so there is no confusion to the facts. Thank you.

Anthony Cammarata  
IT Assistant  
Invest In CUNY Campaign Office  
(212) 417-6371

## RE: Lost Paycheck for Anthony Cammarata

Sonia Pearson

Mon 4/21/2014 1:23 PM

To: Anthony Cammarata <Anthony.Cammarata@cuny.edu>;

Cc: rajaye@gmail.com <rajaye@gmail.com>; Shakira Smith <Shakira.Smith@cuny.edu>; Carlos Flynn <Carlos.Flynn@cuny.edu>;

Dear Mr. Cammarata,

I am providing the following information from the University Controller's Office regarding advance payments. "The borrower must provide a check dated the day the advance is picked up for future repayment. Treasury Services will cash the check on the following payday. "

**From:** Anthony Cammarata

**Sent:** Monday, April 21, 2014 1:11 PM

**To:** Sonia Pearson

**Cc:** rajaye@gmail.com; Shakira Smith

**Subject:** RE: Lost Paycheck for Anthony Cammarata

Dear Ms. Pearson,

I understand, however, since this was not my fault, I would expect the University to put a little expediency on the matter. As mentioned earlier, I do not have the funds in my checking account to cover any advance. Nor would I ever have to if the University did not lose my paycheck. I would think that an extra effort would be made given the urgency of the matter. I have no money to pay my bills or take care of my Father's expenses. You have put me in a very vulnerable position. Perhaps I should take this up with the Chancellor and see what he says and make mention that this fiasco has caused me a lot of anguish and distress and has put me in a very insecure state. It shouldn't have never happened and the way I am being treated is totally inappropriate given the nature of what has happened.

Anthony Cammarata

IT Assistant

Invest In CUNY Campaign Office

(212) 417-6371

**From:** Sonia Pearson

**Sent:** Monday, April 21, 2014 12:49 PM

**To:** Anthony Cammarata

**Cc:** 'rajaye@gmail.com'; Shakira Smith; Carlos Flynn

**Subject:** RE: Lost Paycheck for Anthony Cammarata

Dear Mr. Cammarata,

The State Treasury Department will issue a new check within 2 weeks. As a courtesy,



we can process an advance for you through the University Budget Office. The advance would be ready on Wednesday and requires your signature on the attached payment agreement/promissory note along with a personal check written for the same amount as the advance. Please let me know how you want to proceed.

**From:** Anthony Cammarata  
**Sent:** Monday, April 21, 2014 12:30 PM  
**To:** Sonia Pearson  
**Cc:** [rajaye@gmail.com](mailto:rajaye@gmail.com); Shakira Smith  
**Subject:** Lost Paycheck for Anthony Cammarata

Dear Ms. Pearson,

I have a responsibility to my family and the instance that my check was lost by The University, has put me in a state of panic. I do not have the funds to pay my bill this month or help my father with his medical bills because of this slip up on the part of the University. Again, I would hope to at least receive a cordial response from you at least by the end of business day, today and hope that the necessary steps are being taken to re-issue me a new check as soon as possible. I will take other measures if necessary. Thank you.

Anthony Cammarata  
IT Assistant  
Invest In CUNY Campaign Office  
(212) 417-6371

**From:** Anthony Cammarata  
**Sent:** Monday, April 21, 2014 11:08 AM  
**To:** Sonia Pearson  
**Cc:** Arlena Yuen; 'rajaye@gmail.com'; Carlos Flynn  
**Subject:** RE: Doctor's Certificate of Clearance for Anthony Cammarata

Dear Ms. Pearson,

And what of my paycheck. As I mentioned in an earlier email. I am not going to submit a check from my checking account to the University. The University lost my check and therefore is responsible for putting a stop payment and having the state re-issue me a new one. I expect to have a re-issued paycheck by April 25, 2014. Thank you.

Anthony Cammarata  
IT Assistant  
Invest In CUNY Campaign Office  
(212) 417-6371

**From:** Sonia Pearson  
**Sent:** Monday, April 21, 2014 10:58 AM  
**To:** Anthony Cammarata

## Completed FMLA and Clearance Certificate for Anthony Cammarata

**Anthony Cammarata**

Wed 4/23/2014 1:10 PM

To: Sonia Pearson <Sonia.Pearson@cuny.edu>;

Cc: Arlena Yuen <Arlena.Yuen@cuny.edu>; rajaye@gmail.com <rajaye@gmail.com>; civilrightslaw@aol.com <civilrightslaw@aol.com>;

📎 2 attachments

FMLA COMPLETED 04-22-2014.pdf; Doctor's Certificate of Clearance for Anthony Cammarata.pdf;

Dear Ms. Pearson,

Please see the attached FMLA and Clearance Certificate. Thank you.

**Anthony Cammarata**  
IT Assistant  
Invest In CUNY Campaign Office  
(212) 417-6371

## RE: Completed FMLA and Clearance Certificate for Anthony Cammarata

Anthony Cammarata

Thu 4/24/2014 9:32 AM

To: Arlena Yuen <Arlena.Yuen@cuny.edu>;

Cc: rajaye@gmail.com <rajaye@gmail.com>; civilrightslaw@aol.com <civilrightslaw@aol.com>; Sonia Pearson <Sonia.Pearson@cuny.edu>;

Good Morning Arlena,

I read the notice. Why do you have checked off that I did not enclose Sufficient certification to support the request for FMLA Leave? Please explain in writing as soon as possible. Thank you.

Anthony Cammarata  
IT Assistant  
Invest In CUNY Campaign Office  
(212) 417-6371

**From:** Arlena Yuen  
**Sent:** Wednesday, April 23, 2014 6:16 PM  
**To:** Anthony Cammarata  
**Cc:** rajaye@gmail.com; civilrightslaw@aol.com; Sonia Pearson  
**Subject:** RE: Completed FMLA and Clearance Certificate for Anthony Cammarata

Hi Anthony,  
Find attached your Notice of Eligibility under FML.

Arlena Yuen, PHR  
CUNY | **Central Office Human Resources**  
395 Hudson Street, 6<sup>th</sup> Fl.  
New York, NY 10014  
[arlena.yuen@cuny.edu](mailto:arlena.yuen@cuny.edu)  
Phone: (212) 541-0946

**From:** Anthony Cammarata  
**Sent:** Wednesday, April 23, 2014 1:10 PM  
**To:** Sonia Pearson  
**Cc:** Arlena Yuen; [rajaye@gmail.com](mailto:rajaye@gmail.com); [civilrightslaw@aol.com](mailto:civilrightslaw@aol.com)  
**Subject:** Completed FMLA and Clearance Certificate for Anthony Cammarata

Dear Ms. Pearson,

Please see the attached FMLA and Clearance Certificate. Thank you.

Anthony Cammarata  
IT Assistant  
Invest In CUNY Campaign Office  
(212) 417-6371

## RE: Completed FMLA and Clearance Certificate for Anthony Cammarata

Anthony Cammarata

Thu 4/24/2014 11:03 AM

To: Arlena Yuen <Arlena.Yuen@cuny.edu>;

Cc: Sonia Pearson <Sonia.Pearson@cuny.edu>; rajaye@gmail.com <rajaye@gmail.com>; civilrightslaw@aol.com <civilrightslaw@aol.com>;

Thank you and please remember to send the Designation Notice.

Anthony Cammarata  
IT Assistant  
Invest In CUNY Campaign Office  
(212) 417-6371

**From:** Arlena Yuen  
**Sent:** Thursday, April 24, 2014 10:56 AM  
**To:** Anthony Cammarata  
**Cc:** Sonia Pearson; rajaye@gmail.com; civilrightslaw@aol.com  
**Subject:** RE: Completed FMLA and Clearance Certificate for Anthony Cammarata

Dear Anthony,  
I apologize for the confusion. See attached an updated Notice of Eligibility.  
No additional documentation or information is required to support your leave. You will receive a Designation Notice approving your leave shortly.

Arlena Yuen, PHR  
CUNY | Central Office Human Resources  
395 Hudson Street, 6<sup>th</sup> Fl.  
New York, NY 10014  
[arlena.yuen@cuny.edu](mailto:arlena.yuen@cuny.edu)  
Phone: (212) 541-0946

**From:** Anthony Cammarata  
**Sent:** Thursday, April 24, 2014 9:40 AM  
**To:** Arlena Yuen  
**Cc:** Sonia Pearson; [rajaye@gmail.com](mailto:rajaye@gmail.com); [civilrightslaw@aol.com](mailto:civilrightslaw@aol.com)  
**Subject:** FW: Completed FMLA and Clearance Certificate for Anthony Cammarata

Arlena,

I really don't understand how you can check off that I didn't supply sufficient certification. I submitted the forms yesterday. Again, please explain. Thank you.

Anthony Cammarata  
IT Assistant  
Invest In CUNY Campaign Office  
(212) 417-6371

**From:** Arlena Yuen  
**Sent:** Wednesday, April 23, 2014 6:16 PM  
**To:** Anthony Cammarata  
**Cc:** [rajaye@gmail.com](mailto:rajaye@gmail.com); [civilrightslaw@aol.com](mailto:civilrightslaw@aol.com); Sonia Pearson  
**Subject:** RE: Completed FMLA and Clearance Certificate for Anthony Cammarata

Hi Anthony,  
Find attached your Notice of Eligibility under FML.

Arlena Yuen, PHR  
CUNY | **Central Office Human Resources**  
395 Hudson Street, 6<sup>th</sup> Fl.  
New York, NY 10014  
[arlena.yuen@cuny.edu](mailto:arlena.yuen@cuny.edu)  
Phone: (212) 541-0946

**From:** Anthony Cammarata  
**Sent:** Wednesday, April 23, 2014 1:10 PM  
**To:** Sonia Pearson  
**Cc:** Arlena Yuen; [rajaye@gmail.com](mailto:rajaye@gmail.com); [civilrightslaw@aol.com](mailto:civilrightslaw@aol.com)  
**Subject:** Completed FMLA and Clearance Certificate for Anthony Cammarata

Dear Ms. Pearson,

Please see the attached FMLA and Clearance Certificate. Thank you.

Anthony Cammarata  
IT Assistant  
Invest In CUNY Campaign Office  
(212) 417-6371

## RE: Completed FMLA and Clearance Certificate for Anthony Cammarata

Anthony Cammarata

Thu 4/24/2014 11:05 AM

To: Arlena Yuen <Arlena.Yuen@cuny.edu>;

Cc: Sonia Pearson <Sonia.Pearson@cuny.edu>; rajaye@gmail.com <rajaye@gmail.com>; civilrightslaw@aol.com <civilrightslaw@aol.com>;

I just got a notification that you will be out until April 29<sup>th</sup>. So when will I get the Designation Notice? You said I would get it shortly.

---

**From:** Arlena Yuen

**Sent:** Thursday, April 24, 2014 10:56 AM

**To:** Anthony Cammarata

**Cc:** Sonia Pearson; rajaye@gmail.com; civilrightslaw@aol.com

**Subject:** RE: Completed FMLA and Clearance Certificate for Anthony Cammarata

Dear Anthony,

I apologize for the confusion. See attached an updated Notice of Eligibility.

No additional documentation or information is required to support your leave. You will receive a Designation Notice approving your leave shortly.

Arlena Yuen, PHR

CUNY | Central Office Human Resources

395 Hudson Street, 6<sup>th</sup> Fl.

New York, NY 10014

[arlena.yuen@cuny.edu](mailto:arlena.yuen@cuny.edu)

Phone: (212) 541-0946

---

**From:** Anthony Cammarata

**Sent:** Thursday, April 24, 2014 9:40 AM

**To:** Arlena Yuen

**Cc:** Sonia Pearson; [rajaye@gmail.com](mailto:rajaye@gmail.com); [civilrightslaw@aol.com](mailto:civilrightslaw@aol.com)

**Subject:** FW: Completed FMLA and Clearance Certificate for Anthony Cammarata

Arlena,

I really don't understand how you can check off that I didn't supply sufficient certification. I submitted the forms yesterday. Again, please explain. Thank you.

Anthony Cammarata

IT Assistant

Invest In CUNY Campaign Office

# EXHIBIT M





*"Invest in CUNY, Invest in NY"*

Carlos A. Flynn  
University Dean for Institutional  
Advancement  
535 East 80<sup>th</sup> Street  
New York, NY 10075  
Tel: 212-794-5734  
Fax: 212-794-5610

To: Anthony Cammarata

From: Carlos Flynn

Date: April 28, 2014

Re: Professional Conduct

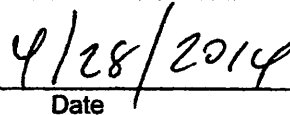
---

I am writing to you as a follow-up to the conversation we had on Friday, April 25<sup>th</sup>. It had come to my attention that over the past few weeks you have communicated directly with people in the Human Resources Department in regard to your missed pay check as well as issues relating to the Family Medical Leave paperwork you were asked to fill out after being out of the office for an extended period of time. You had also contacted individuals in other Central Office departments regarding your missed check. Unfortunately, I have been informed by some of the people you contacted that your demeanor, both on the phone and in person, was rude and disrespectful.

I must remind you that it is expected of everyone in our office to maintain a courteous and professional manner at all times when communicating with co-workers. Please make sure this type of behavior does not happen again. If this behavior continues, you may be subject to disciplinary action that can lead to termination of employment.

I, Anthony Cammarata, have read and received a copy of this memorandum.

  
Signature

  
Date

c: Sonia Pearson  
Personnel File



# EXHIBIT N



*"Invest in CUNY, Invest in NY"*  
**Carlos A. Flynn**  
**University Dean for Institutional Advancement**  
**City University of New York**  
**205 East 42nd Street – Room 954**  
**New York, NY 10017**  
**646-664-3004**

To: Anthony Cammarata  
From: Carlos Flynn  
Date: January 28, 2016  
Re: Proper use of CUNY computers

---

I am writing to summarize our meeting yesterday about the recent problems we have been experiencing at the *Invest in CUNY Campaign Office (ICO)* with our PC's. As you know, your PC has become infected with viruses at least six times in the past nine months, requiring CUNY IT to replace your hard drive. The IT office has investigated this situation and come to the conclusion that malware has entered the system through your PC and has caused disruption to the entire office. This most likely has occurred when you accessed non-work related web sites.

CUNY PCs are to be utilized only for university related work and web access, as outlined in the attached **CUNY Computer Use Policy**. Additionally, please complete the following CUNY IT Security Awareness course:

<http://www.cuny.edu/about/administration/offices/CIS/security/course-banner.jpg>

CUNY computers are not to be utilized for non-work related web searches etc. Please make sure this type of behavior does not happen again. If this behavior continues, you may be subject to further disciplinary action that can lead to termination of employment.

**Please read, sign and return this memorandum.**

---

I, Anthony Cammarata, have received and read a copy of this memorandum and have further read the enclosed policy and completed the online Security Awareness Course..

Signature

A handwritten signature in black ink, appearing to read "Anthony Cammarata", written over a horizontal line.

Date

2/26/2016

cc: Sonia Pearson  
Personnel File



February 26, 2016

(Pg 1)

I, Anthony Cammarata, am being forced to sign a letter threatening disciplinary action against me for actions I do not fully agree with. In an effort to understand the events that have taken place over the last few weeks, I have come to the conclusion that I am being accused of not abiding by The CUNY Computer Policy, which up until January 27<sup>th</sup>, 2016 was never presented to me. Nor was I aware of a Computer Policy exam.

With these recent events occurring, I feel as if the City University of New York has taken my dedication and work ethic and has decided to make it irrelevant by their current actions against me. Obliging, nay, forcing me to admit to ~~being~~ something that was incidental according to their own policies.

Yes, I will say that during off hours I used the Internet to research information that had no bearing with the ~~the~~ City University of New York. However, again, it is clearly stated in the CUNY Computer Policy Statement and Collective Bargaining

February 26, 2016

(Page 2)

Agreement, Incidental Computer use is allowed. I did not intentionally cause any viruses on my work station. I will note that after the Initial Virus occurred in August of 2015, I was assured by CUNY IT that the virus was taken care of. However this was not true, as I have documented all the events that ~~lead~~ lead up to the Events in December of 2015. In any case, Obviously, my faith in this assurance was met with doubt having had dealt with CUNY IT in the Past, Knowing that their measures of handling computer related issues and using patches to update computers as well as their measures of security have been less than adequate. As an example, In 2010 our office experienced several instance of virus on various machines. This occurred after members of the CUNY IT LAN Group installed updates on our machines using Infected Flash Drives. Causing malware and root kit viruses to occur. In other instances, members of The CUNY IT LAN Group Stated they did not know how to remove any viruses

February 26, 2016

(Page 3)

From our machines that were infected and therefore had to issue New Hard Drives.

So I knew that this current matter was not over. It took several months for members of the CUNY IT LAN GROUP, to surmise that the virus was never completely wiped and that somehow attached itself to my profile. I questioned this and asked them why they didn't figure this out in the first place. I received no response. I asked aren't they supposed to do a full sweep. Aren't they supposed to follow certain protocols to uncover possible security breaches beyond the scope of just wiping a machine.

So, based upon the lack of any responses from The CUNY IT LAN group and because I complained against them to Jeff Rickman, ~~the~~ The Head of IT, I am now being retaliated against because I did point this out and complained. So now, I must face an ultimatum. Either sign



February 26, 2016

(Page 4)

what's in front of you, or don't sign, but it will still be placed in your personnel file.

The only reason(s) I will not sign at this time is I feel that there are discrepancies as to what CUNY considers Incidental use in their Computer use Policy. And I feel that the collective Bargaining Agreement is outdated. Furthermore, any refusal on the part of CUNY to Investigate The Practices of CUNY ~~IT~~ or warrant any wrongdoing on their part makes me feel uncomfortable ~~and~~ wary of their practices.

I am a model employee who has served the City University of New York for nearly 8 years. I have been met however with lost paychecks caused by the City University of New York on 3 occasions without any written apologies. And here again, I am being met with sheer aggression to my job security and feel I am being forced to sign this letter or face dismissal.

Anthony Cammarata

2/26/16



Tony Cammarata <movieseer1977@gmail.com>

---

**Re: Personal and Confidential: Anthony Cammarata**

---

Tony Cammarata <movieseer1977@gmail.com>

Thu, Mar 31, 2016 at 9:52 PM

Draft To: "Robert Ajaye (Local 2627 President) (212)815-1932" <rajaye@gmail.com>

Dear Mr. Ajaye,

I need to know if we can proceed with arbitration. After reviewing the CUNY Collective Bargaining Agreement, I read that arbitration is my primary alternative since you previously thought it best not to pursue this matter and represent this disciplinary issue. Kindly advise when we can proceed with arbitration.

The other alternative would be for you to work with administration and get the disciplinary letters permanently removed from the file which would negate the need for arbitration. Please respond by Wednesday, March 23rd 2016 before 2 pm EST. If additional time is needed please advise.

On Mar 17, 2016 3:59 PM, "Robert Ajaye (Local 2627 President) (212)815-1932" <rajaye@gmail.com> wrote:

( I do phone calls for issues like this if a discussion is required. I will not go back and forth with emails. If you want help you need to call. )

On Thu, Mar 17, 2016 at 3:23 PM, twolibrarians <twolibrarians@aim.com> wrote:

Dear Mr. Ajaye,

Is there an issue with arbitration. I would like to communicate via email. Thank you.

Anthony Cammarata

Sent from Samsung tablet

----- Original message -----

From: "Robert Ajaye (Local 2627 President) (212)815-1932" <rajaye@gmail.com>

Date: 03/17/2016 1:16 PM (GMT-05:00)

To: twolibrarians <twolibrarians@aim.com>

Subject: Re: Personal and Confidential: Anthony Cammarata

give me a call

On Thu, Mar 17, 2016 at 1:13 PM, twolibrarians <twolibrarians@aim.com> wrote:

Dear Mr. Ajaye,

As previously discussed, the City University of New York has placed 2 Disciplinary Letter's into my file: a letter pertaining to Conduct Issues in 2014 and the most recent letter pertaining to Computer Use Policies. I therefore ask, if you could help me remove these Disciplinary Letter's from my Permanent Personnel File. If not, we would need to process Arbitration. Thank you for your help.

Anthony Cammarata  
Local 2627



**LAW OFFICE OF SANFORD KUTNER  
3 HEARTHSTONE CIRCLE  
NATICK, MA 01760  
504-717-1130**

**Licensed only in NY and OK  
civilrightslaw@aol.com  
FAX 866-613-6209**

**Email: jane.sovern@cuny.edu**

February 7, 2016  
Jane Sovern, Esq.  
Deputy General Counsel  
City University of New York  
205 East 42<sup>nd</sup> Street  
New York, NY 10017

Re: Anthony Cammarata  
Use of CUNY Computers

Dear Ms. Sovern :

Thank you very much for responding to this office so quickly. The contents of this communication are made within the spirit of negotiation.

Upon an initial review there are some areas that give me pause. It appears that there is a conjectural belief that Mr. Cammarata is solely at fault for the viruses. Having experience with IT Departments, it seems that the imminent cause of the six viruses has to be traced back to IT. Imagine going to Best Buy or wherever with the same problems, would you feel upset that the similar problem was not resolved upon the first visit? Why would it take the IT experts in computer repair not be resourceful enough to correct the problem without the disruption caused by their not performing in an answerable matter. Is not an investigation warranted regarding their knowledge and ability?

Reading the communication, Dean Flynn, makes the conclusion that Mr. Cammarata's PC was the cause of disruption. Yet, he continues, by stating that "this most likely has occurred when you accessed non-work related web sites. Requiring one to sign a warning letter based upon an admitted speculation is unjust.

Mr. Cammarata has learned from this experience without admitting total responsibility, which according to Dean Flynn is hypothetical. Mr. Cammarata has already completed the CUNY IT Security Awareness course and received a certificate of completion within a reasonable time frame. You might want to consider that all personnel should complete that course as there have to be some who have accessed non-work related web sites.

Please review the issues that have been raised in this communication. Kindly suspend all deadlines until all parties have reached an expeditious and amicable resolution.

Very truly yours,

Sanford Kutner  
Attorney

# EXHIBIT O



Tony Cammarata <movieseer1977@gmail.com>

---

## Personnel File Copy Request: Anthony Cammarata

---

TC <movieseer1977@gmail.com>

Thu, May 11, 2017 at 4:53 PM

To: Lidia.Sanchez@cuny.edu

Bcc: civilrightslaw@aol.com

Dear Ms..Sanchez,

I am requesting a copy of my complete Personnel File. I would appreciate it if it is available for pickup within the next 5 business days. Thank you.

Anthony Cammarata



Tony Cammarata <movieseer1977@gmail.com>

---

**Personnel File Copy Request: Anthony Cammarata**

---

TC <movieseer1977@gmail.com>

Sun, May 28, 2017 at 9:24 PM

To: Lidia.Sanchez@cuny.edu

Dear Ms..Sanchez,

This is my second request for a copy of my complete Personnel File. I would appreciate it if it is available for pickup within the next 5 business days. Thank you.

Anthony Cammarata



Tony Cammarata <movieseer1977@gmail.com>

---

## Personnel File Copy Request: Anthony Cammarata

---

Frances Correa <Frances.Correa@cuny.edu>

Wed, May 31, 2017 at 11:13 AM

To: "movieseer1977@gmail.com" <movieseer1977@gmail.com>

Cc: Lidia Sanchez <Lidia.Sanchez@cuny.edu>, Sonia Pearson <Sonia.Pearson@cuny.edu>

Good Morning Mr. Cammarata,

A copy of your personnel file has been made and is being sent to you via Certified Mail with tracking number **7016 0910 0001 9972 4730**.

Frances

**From:** TC [mailto:movieseer1977@gmail.com]

**Sent:** Sunday, May 28, 2017 9:24 PM

**To:** Lidia Sanchez <Lidia.Sanchez@cuny.edu>

**Subject:** Fwd: Personnel File Copy Request: Anthony Cammarata

Dear Ms..Sanchez,

This is my second request for a copy of my complete Personnel File. I would appreciate it if it is available for pickup within the next 5 business days. Thank you.

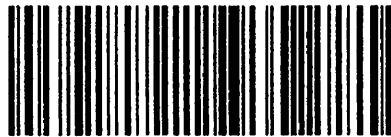
Anthony Cammarata

# EXHIBIT P

The City  
University  
of  
New York

205 East 42nd Street  
New York, NY 10017

**CERTIFIED MAIL®**



7016 0910 0001 9972 4730

FIRST CLASS



U.S. POSTAGE >> PITNEY BOWES

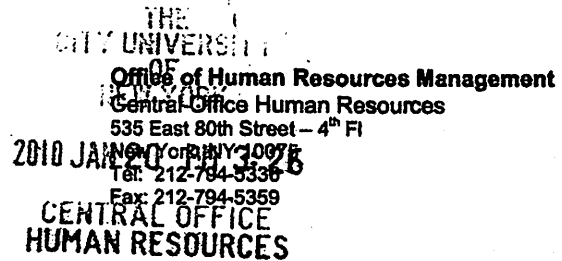


ZIP 10017 \$ 008.55<sup>0</sup>  
02 1W  
0001390132 JUN 01 2017

Anthony Cammarata  
7829 81<sup>st</sup> Street  
Glendale, NY 11385

• 6/3 NL  
11:14 TP





January 13, 2010

Anthony Cammarata  
P.O. Box 603  
Floral Park, NY 11002

Dear Mr. Cammarata:

This letter is written to confirm your probable permanent appointment to the title of Information Technology Assistant, Level I, effective December 22, 2009 through December 21, 2010 at an annual salary of \$41,175.

You will be eligible for permanent status in this title upon completion of one year of satisfactory service.

This appointment is subject to financial ability and subject to the approval of the Board of Trustees of The City University of New York. The terms and conditions of employment are consistent with the applicable rules and Bylaws of the Board of Trustees of The City University of New York and the existing collective bargaining agreement.

Please return the enclosed copy of this letter, with a statement of your acceptance indicated on it.

I wish you continued success at the University.

Sincerely,

A handwritten signature in black ink, appearing to read "S. S. Pearson", is written over a horizontal line.

Sonia S. Pearson  
Director of Human Resources

C: Interim Senior Vice Chancellor Marc V. Shaw  
Dean Carlos A. Flynn

Acceptance: I accept this offer of employment with the terms stated above.

A handwritten signature in black ink, appearing to read "Anthony Cammarata", is written over a horizontal line.  
Signature

A handwritten date in black ink, appearing to read "January 15, 2010", is written over a horizontal line.  
Date





# CONVICTION NOTICE AND LICENSE REGISTRATION FORM

Upon appointment, this form will be used to verify your claims; convictions will be verified with the New York State Division of Criminal Justice Services.

PLEASE ANSWER ALL QUESTIONS. one character per space.

SSN #

055-70-3844

DATE:

01'06'10

LNAME

CAMMARATA

FNAME

ANTHONY

M.I.

Please list below any other name you may be known by (this includes maiden name):

LNAME

FNAME

M.I.

STREET ADDRESS

PO BOX 603

APT #

CITY OR TOWN

FLORAL PARK

STATE

NY

ZIP CODE

11002-

HOME PHONE #

(516) 424-4023

WORK PHONE #

(212) 417-6371

## LICENSE OR PROFESSIONAL REGISTRATION:

(If required for position or as stated in the vacancy notice or exam announcement, such as driver's license, engineer's license, etc.)

- Name of License/Registration valid in NYC Driver License License # 225 820 612 CLASS D

Name of Issuing Agency New York State Department of Motor Vehicles

Date Originally Issued 06-19-2002 Date Last Renewed 03-09-2009

Renewal No. (if any) \_\_\_\_\_ Date of Expiration 03-16-2017

Have you ever had a license, certificate or permit suspended or revoked? Yes ☐ No ☒ If yes, give full details.

- Name of License/Registration valid in NYC \_\_\_\_\_ License # \_\_\_\_\_

Name of Issuing Agency \_\_\_\_\_

Date Originally Issued \_\_\_\_\_ Date Last Renewed \_\_\_\_\_

Renewal No. (if any) \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Have you ever had a license, certificate or permit suspended or revoked? Yes ☐ No ☐ If yes, give full details.

**REVISED CONVICTIONS** To be used instead of Form 602a R-01/01 (Applicants for Security and Public Safety positions are subject to a more vigorous criminal history background check.)

A conviction record will not necessarily disqualify you from the position for which you are applying. Each record is reviewed to determine eligibility in accordance with guidelines established by the University and in accordance with New York State Law. However, **FAILURE TO REPORT THE REQUIRED INFORMATION WILL AUTOMATICALLY DISQUALIFY YOU REGARDLESS OF THE REASON FOR THE OMISSION/FALSIFICATION.**

For each conviction or pending charge, you may state facts in favor of your employment on a separate sheet to be attached to this form. These facts will be considered when your application is being reviewed.

A suspended sentence, a fine, a conditional discharge, a Certificate of Relief from Disabilities, or an adjournment in contemplation of dismissal, does not expunge an offense from your record, and the offense must be reported.

1. Were you ever convicted of an offense anywhere including felonies, misdemeanors or violations (except for traffic violations or convictions sealed, expunged or set aside under Federal or State law)?

Answer YES or NO NO

Only a court can determine youthful offender status and seal a conviction. You are not considered a youthful offender just because of your age at the time of the conviction. If you are unsure whether a conviction was sealed, respond yes to the question and explain below or in an attachment why you are unsure. Most traffic tickets involve infractions or violations, which need not be reported. However, some convictions, such as driving while intoxicated, are classified as misdemeanors or more serious offenses, which must be reported.

2. Are there any criminal charges or violations (except for traffic violations) currently pending against you?

Answer YES or NO NO

3. In the space below, please list: a) all felony convictions and felony pending charges regardless of the date received; and b) for misdemeanors and violations, all your convictions and pending charges for the past 10 years. If none, write "NONE". You must list convictions even if you plead guilty or received a Certificate of Relief from Disabilities, and regardless of the penalty or sentence you received.

Date of Conviction (Mo/Yr)	Offense of which you were convicted	Name/location of court	Disposition including incarceration

**WARNING: FALSIFYING OR OMITTING ANY MATERIAL REQUIRED ON THIS FORM WILL RESULT IN YOUR DISQUALIFICATION AND YOUR REMOVAL FROM CUNY SERVICE AND MAY RESULT IN CRIMINAL PROSECUTION. YOUR STATEMENTS WILL BE CHECKED USING COURT OR OTHER RECORDS. REMEMBER TO RESPOND TO THE THREE QUESTIONS AND FILL IN THE INFORMATION REQUESTED ABOVE.**

**DECLARATION FOR THE SECTIONS ABOVE**

I, Anthony Cammarata, residing at P.O. Box 603, Floral Park, NY 11002  
(Print name) (Address)

do declare that all the statements contained herein are true and correct to the best of my knowledge.

Anthony Cammarata  
(Signature)

To be completed by College HR/Personnel Department

Candidate Anthony Cammarata College Central Office Dept. OIA Date 1/5/10

CSC Title I.T. Asst. Action (Appt, Trans, Reinst) Appt App't Date 12/22/09 Status Prob Perm

Completed by Sjames Title H.R. Coordinator Date 1/5/10

HR/Personnel Director

Nancy Pyle  
(Signature)



## CUNY CENTRAL OFFICE HUMAN RESOURCES

### IDENTIFICATION CARD INFORMATION

NAME Anthony Cammarata  
DEPARTMENT Invest in CUNY / Office of Budget & Finance  
RECEIVED ID CARD ☒ (PLEASE CHECK UPON RECEIPT)  
SIGNATURE Anthony Cammarata  
DATE 12/4/08

### CENTRAL OFFICE HUMAN RESOURCES USE ONLY

DISTRIBUTED BY:

NAME Steven James  
SIGNATURE \_\_\_\_\_  
DATE 12/4/08



Office of Human Resources Management  
Central Office Human Resources  
535 East 80th Street – 2<sup>nd</sup> Fl  
New York, NY 10075  
Tel: 212-794-5336  
Fax: 212-794-5359

July 29, 2008

Anthony Cammarata  
7829 81<sup>st</sup> Street, Apt. #2  
Glendale, NY 11385

Dear Mr. Cammarata:

This letter provides written confirmation of your probable permanent appointment to the title of CUNY Office Assistant Level 1 effective July 28, 2008 at an annual salary of \$23,945.

You will be eligible for permanent status in this title upon completion of one year of satisfactory service.

Feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "S.P. V.", is located below the word "Sincerely,".

Sonia S. Pearson  
Director of Human Resources

c: Vice Chancellor Ernesto Malave  
Carlos Flynn





## CONVICTION NOTICE AND LICENSE REGISTRATION FORM

Upon appointment, this form will be used to verify your claims; convictions will be verified with the New York State Division of Criminal Justice Services.

PLEASE ANSWER ALL QUESTIONS, one character per space.

SSN #

055-70-3844

DATE:

07' '08

LNAME

Cammara + a

FNAME

Anthony

M.I.

Please list below any other name you may be known by (this includes maiden name):

LNAME

FNAME

M.I.

STREET ADDRESS

2114 Prospect Ave

APT #

CITY OR TOWN

East Meadow

STATE

NY

ZIP CODE

11554-

HOME PHONE #

(516) 424-8067

WORK PHONE #

( ) -

### LICENSE OR PROFESSIONAL REGISTRATION:

(If required for position or as stated in the vacancy notice or exam announcement, such as driver's license, engineer's license, etc.)

- Name of License/Registration valid in NYC Drivers License License # 225 820612

Name of Issuing Agency New York State

Date Originally Issued 6/19/02 Date Last Renewed \_\_\_\_\_

Renewal No. (if any) \_\_\_\_\_ Date of Expiration 3/16/09

Have you ever had a license, certificate or permit suspended or revoked? Yes ☒ No. If yes, give full details.

- Name of License/Registration valid in NYC \_\_\_\_\_ License # \_\_\_\_\_

Name of Issuing Agency \_\_\_\_\_

Date Originally Issued \_\_\_\_\_ Date Last Renewed \_\_\_\_\_

Renewal No. (if any) \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Have you ever had a license, certificate or permit suspended or revoked? Yes \_\_\_\_\_ No. If yes, give full details.

**The City University of New York – C. O. Human Resources**  
**AFFIRMATIVE ACTION SURVEY**

In order to facilitate the reporting of data to employees for compliance with Affirmative Action rules and regulations, we request the following:

1. Cammarata Anthony  
 Last Name First Name Middle Initial
2. Address 2114 Prospect Ave.  
 City East Meadow State NY Zip 11554
3. Social Security Number: 055-703844 4. Date of Birth: 03/16/74
5. Home Telephone Number: 516-424-8067 Office: \_\_\_\_\_
6. Sex: Female \_\_\_\_\_ Male ☒
7. Marital Status: Single ☒ Married \_\_\_\_\_
8. Ethnicity: (check one)  
 \_\_\_\_\_ American Indian or Alaskan (G)  
 \_\_\_\_\_ Asian American or Pacific Islander (F)  
 \_\_\_\_\_ Black (C) (not Hispanic)  
 \_\_\_\_\_ Hispanic (not Puerto Rican) (D)  
☒ Italian American (H)  
 \_\_\_\_\_ Puerto Rican (E)  
 \_\_\_\_\_ White (B) (not Hispanic)  
 \_\_\_\_\_ Other (Explain) \_\_\_\_\_
9. Are you an American citizen? Yes ☒ No \_\_\_\_\_  
 If no, what is your country of origin? \_\_\_\_\_  
 Visa type \_\_\_\_\_ Visa issue date \_\_\_\_\_  
 Visa expiration date \_\_\_\_\_  
 Work authorization expiration date \_\_\_\_\_
10. Date you completed 1-9 form (Employment Eligibility Verification Form) 7/22/08
11. Military Status: Veteran \_\_\_\_\_ Non-Veteran ☒  
 Disabled Veteran \_\_\_\_\_ Vietnam-era Veteran \_\_\_\_\_
12. Highest grade or degree completed Masters Degree  
 Year received 2003, or number of credits completed \_\_\_\_\_  
 College or University: Queens College CUNY  
 Major: Library Science Minor: \_\_\_\_\_
13. Department/Unit employed by CUNY Central Office; Invest in CUNY
14. Position (Payroll and Functional Titles) College Office Assistant  
Anthony Cammarata July 22, 2008  
 Signature Date

*The City University of New York*



**Human Resources for Central Office**  
535 East 80 Street, New York, N.Y. 10021  
(212) 794-5336

**STATEMENT OF CITIZENSHIP**

**CHECK ONE:**

☒ **U.S. CITIZEN**

☐ **RESIDENT ALIEN**

Form 1078 must be prepared in duplicate and  
submitted to the Personnel Office.

☐ **NON-RESIDENT ALIEN**

1. Have you clearance to work in the United States \_\_\_\_\_
2. Type of Visa \_\_\_\_\_
3. Primary purpose in the United States \_\_\_\_\_
4. Citizen of \_\_\_\_\_
5. Intended length of stay \_\_\_\_\_
6. CUNY student \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Signature Anthony Cammarata

Print Name Anthony Cammarata

Date July 22, 2008



CUNY Central Office COLLEGE  
THE CITY UNIVERSITY OF NEW YORK

**AMENDED CONSTITUTIONAL OATH UPON APPOINTMENT**  
(IN COMPLIANCE WITH SECTION 62 OF THE NY STATE CIVIL SERVICE LAW)

"I do hereby pledge and declare that I will support the constitution of the United States, and the constitution of the state of New York, and that I will faithfully discharge the duties of the position of CUNY OFFICE ASSISTANT, according to the best of my ability."

NAME Anthony Cammarata

SIGNATURE Anthony Cammarata

ADDRESS 2114 Prospect Ave, East Meadow, NY  
11554

DATE 7/22/08

*The City University of New York*



OFFICE OF FACULTY AND STAFF RELATIONS  
UNIVERSITY HUMAN RESOURCES MANAGEMENT SERVICES  
REPORT OF CUNY CIVIL SERVICE EXTERNAL EMPLOYMENT

Employee name: Anthony Cammarata

Social Security number: 055-70-3844

Address: 2114 Prospect Ave., East Meadow, NY 11554  
P.O. Box 603, Floral Park, NY 11002

A. Primary position:

CUNY College or unit: Central Office

Department & Addresses: \_\_\_\_\_

Title: \_\_\_\_\_

Usual work schedule: \_\_\_\_\_

Completed by: \_\_\_\_\_  
(College Personnel Director name and date)

B. Secondary position:

Agency of Employer: \_\_\_\_\_

CUNY College or unit: \_\_\_\_\_

Department & Addresses: \_\_\_\_\_

Title: \_\_\_\_\_

Usual work schedule: \_\_\_\_\_

Completed by: \_\_\_\_\_  
(Personnel Director name and date)

THIS FORM IS TO BE INITIATED (SECTION A., UPPER) BY THE CUNY COLLEGE OR UNIT PROVIDING THE PRIMARY POSITION.

IT IS THEN TO BE FORWARDED TO THE EMPLOYER PROVIDING THE SECONDARY POSITION FOR COMPLETION AND RETURN.

**CONFIDENTIAL**

**EMERGENCY EVACUATION**

In light of the recent blackout experience, the Central Office is updating evacuation procedures for all facilities. As part of the procedures, we need to determine whether or not any staff members would require assistance in an emergency evacuation. Please be assured that this information is voluntary. It will only be used for emergency evacuation and will only be shared with those who have responsibilities under the emergency evacuation plan.

I would require assistance during an emergency evacuation.

☐ YES

☒ NO

Type of Assistance:

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Anthony Cammarata  
NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
LOCATION

\_\_\_\_\_  
FLOOR

Anthony Cammarata  
SIGNATURE

7/22/08  
DATE

COMPLETED FORM SHOULD BE RETURNED TO THE HUMAN  
RESOURCES OFFICE AS SOON AS POSSIBLE.

**The City University of New York**  
**CENTRAL OFFICE HUMAN RESOURCES**

Employee's Name: Anthony Cammarata S.S. # 055 703844  
 Address: 2114 Prospect Ave, East Meadow, NY 11554 Telephone # 516 424-8067

In case of emergency, please communicate with the following persons in the order listed  
 (please print):

Name

Telephone

1. Phil Cammarata Home: 718 381 8359  
 Address: 7829 81st Business: \_\_\_\_\_  
Glendale, NY 11385 Relationship: Father

2. Philip Cammarata Home: 718 386 5755  
 Relationship: Brother Business: \_\_\_\_\_

3. \_\_\_\_\_ Home: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Business: \_\_\_\_\_

Personal Physician's Name:

\_\_\_\_\_ Telephone: \_\_\_\_\_

Health Plan \_\_\_\_\_  
 (HIP-Blue Cross | GHI-Blue Cross | GHI Type E-Blue Cross)

Identification No. \_\_\_\_\_

Blood Type (if known): \_\_\_\_\_

Do you have any Physical Conditions or Allergies you would like us to know about?

Invest in CUNY  
 Department

Anthony Cammarata  
 Employee's Signature

7/22/08  
 Date

**Anthony Cammarata**

P.O. Box 603  
Floral Park, NY 11002  
516-424-8067  
twolibrarians@aim.com

~~75-29 1829~~  
~~8154 11/11/12~~  
~~6120410.4~~  
~~11/3/85~~

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**OBJECTIVE** Seeking a position in the capacity of Office Assistant within a College environment bringing the necessary experience, skills and attributes to perform all the essential duties as required.

**OFFICE AUTOMATION SKILLS** Microsoft Office Suite; Word, Excel, Power Point, Publisher, FrontPage, Outlook, Windows 2000/ME/XP, DreamWeaver, Photoshop, Illustrator, Acrobat, InDesign, SIMS

**EXPERIENCE**

**2008 – Present** **REFERENCE LIBRARIAN**  
**Island Trees Public Library, Island Trees, NY**  
Provide reference and reader's advisory services in the reference department. Maintain ILL List. Instruct patrons in the use of library resources, including reference materials, catalogs, computer, and the interlibrary loan systems. Review journal materials for selection and acquisition, and make recommendations for selection of a wide range of book, periodical, and audio-visual materials. Organize and maintain assigned collections.

**2007 – Present** **COLLEGE ASSISTANT**  
**Queensborough Community College, Speech Department, Bayside, NY**  
Organize department files. Assist faculty with incoming phone calls and messages. Perform data entry tasks as needed. Produce and edit letters, spreadsheets, memos, and promotional materials utilizing Microsoft Office Suite applications. Provide assistance to staff and public as required. Perform simple computations. Maintain logs and records of office equipment, and other office supplies Operate office equipment such as copiers, telephones, shredders, and fax machines. Perform other clerical duties such as filing, photocopying, emailing, and faxing; and sending, receiving, sorting, and distributing mail. Maintain and update department library. Perform other related duties as required.

**2007 – Present** **COLLEGE TUTOR**  
**Queensborough Community College, Basic Skills Learning Center, Bayside, NY**  
Assist native and non-native speaking students with their reading and writing skills. Help design grammar exercises for BCLS students. Prepare materials for, and conduct ACT writing and reading workshop classes. Assist ESL students in computer-related assignments.

**2002 – 2007** **ADULT REFERENCE LIBRARIAN**  
**Floral Park Public Library, Floral Park, NY**  
Developed, maintained, and weeded the library collections; including books, videos, audiocassettes, CDs and other special materials. Updated and maintained library collections using ELMO and ONIX. Prepared collection development lists. Processed new books, standing orders and discards via Millennium. Created book displays for young adult and adult collections. Provided individual and group instruction in the use of automated systems, reference sources, including print and electronic sources for research and projects. Maintained local history information. Provided reference and reader's advisory services for students and other professionals. Maintained library web page. Performed original and copy cataloging utilizing AACRII, LCSH, and DDC. Supervised support staff and assumed responsibilities in the absence of supervising librarian. Edited monthly Library Newsletter.

Anthony Cammarata Page 2

- 2001 – 2003**      **COLLEGE ASSISTANT**  
**Queens College, Admissions Office, Flushing, NY**  
Helped plan student recruitment programs including high school/community college visitations. Gave campus tours to new students entering the college. Processed applications of all freshmen and transfer students. Entered and updated prospective student information via SIMS Mainframe. Mailed college information to prospective students.
- 2001 – 2002**      **COLLEGE TUTOR**  
**Queensborough Community College, Basic Skills Learning Center, Bayside, NY**  
Assisted native and non-native speaking students with their reading and writing skills. Assisted ESL students in computer-related assignments. Helped design grammar exercises for IEP students. Conducted writing and reading workshop classes. Proctored ACT Reading and Writing exams.
- 1998 – 1999**      **TEACHING ASSISTANT**  
**Queensborough Community College, Art Department, Bayside, NY**  
Assisted and taught technical skills and conceptual understanding to beginning and intermediate sculpture classes. Demonstrated methods and procedures to students using simple, but proven tactics. Conducted course advisement to individual students. Helped organize student performance showcases.
- 1997 – 1998**      **ART GALLERY ASSISTANT**  
**Queensborough Community College, Art Gallery, Bayside, NY**  
Cataloged and researched the permanent art collection. Helped produce gallery publications. Helped organize exhibitions; including label writing, selection of objects, and researching for catalogs.
- SKILLS**      Recognized for strong interpersonal, written, oral communication skills and strong office automation skills as well as the ability to work collaboratively with others and produce results. Highly professional exhibiting maturity and integrity. Has a thorough understanding of achievement and professional development.
- EDUCATION**      **Queens College of the City University of New York, Flushing, NY**  
**Master of Library and Information Sciences - September 1, 2003**  
  
**Queens College of the City University of New York, Flushing, NY**  
**Bachelor of Arts - June 5, 2001**  
  
**Queensborough Community College of the City University of New York, Bayside, NY**  
**Associates of Science - June 9, 1999**
- VOLUNTEER**      Alliance of Queens Art Gallery, QCC Art Gallery, Floral Park Art League



**THE CITY UNIVERSITY OF NEW YORK**  
**APPLICATION FOR EMPLOYMENT**

**SHORT FORM**

**COLLEGE** CUNY Central Office

POSITION FOR WHICH YOU ARE APPLYING	
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>

(Print)  
 Name in Full Cammarata, Anthony  
 Home address 2119 Prospect Ave. East Meadow, NY 11554  
 Telephone Number (Home) (516) 424-8067 (Business) --- S.S. No. 055-170-73844

Are you authorized to work in the U.S.? Yes ☒ No ☐  
 Under the Immigration and Reform Control Act, CUNY is required to verify your employment eligibility and identity within three (3) days of your reporting to work.

**EDUCATION:** Please indicate highest equivalent grade of education completed (e.g. GED - 12, BA - 16, MA - 18)  
 Last schools attended, beginning with most recent (college, business, high school, vocational, trade, etc.)

School Name	Location	Date Entered	Date Left	Major Study	Total Credits Completed	Grade and Date Received
<u>Queens College, Flushing</u>	<u>Flushing</u>	<u>09/01</u>	<u>06/03</u>	<u>Library Science</u>	<u>36</u>	<u>MA's 06/03</u>
<u>Queens College, Flushing</u>	<u>Flushing</u>	<u>09/99</u>	<u>06/01</u>	<u>Studio Art</u>	<u>12</u>	<u>BA 06/01</u>
<u>Queensborough Community College, Bayside</u>	<u>Bayside</u>	<u>06/96</u>	<u>06/99</u>	<u>Fine Arts</u>	<u>74</u>	<u>AS 06/99</u>
<u>Pennsylvania Department of Education</u>	<u>---</u>	<u>01/92</u>	<u>06/92</u>	<u>---</u>	<u>---</u>	<u>GED 06/92</u>

**EMPLOYMENT HISTORY:** Begin with present or last job and work back for the last 15 years. If job related, attach an extra page, if necessary.

1. Firm Name Island Trees Library Address 38 Farmedge Road, Island Trees, NY 11786  
 Dates Employed From 03/08 To Present Job Title Librarian Final Base Salary/Indicate one:  
 Mo. Yr. Mo. Yr. ☐ Annual \$ --- ☒ Hourly \$ 20.00

Name and Title of Immediate Supervisor Frank McKenna, Director Reason for Leaving Will continue working on weekends as needed  
 Briefly describe duties Perform data entry tasks as needed, answer questions related to books, computer databases, online cataloging systems, reserve books and other materials, perform in person computer instruction, edit documents

2. Firm Name Queensborough Community College Address 222-05 56th Ave, Bayside, NY 11364  
 Dates Employed From 12/08 To 06/08 Job Title College Assistant Final Base Salary/Indicate one:  
 Mo. Yr. Mo. Yr. ☐ Annual \$ --- ☒ Hourly \$ 9.25

Name and Title of Immediate Supervisor Dr. Thomas Smith, Chair Reason for Leaving No Budget  
 Briefly describe duties Answered telephone, performed data entry tasks using MS Word, Excel and access, organized department library, photocopied documents as needed

3. Firm Name Queensborough Community College Address 222-05 56th Ave, Bayside, NY 11364  
 Dates Employed From 10/07 To 12/08 Job Title Tutor, BSLE Final Base Salary/Indicate one:  
 Mo. Yr. Mo. Yr. ☐ Annual \$ --- ☒ Hourly \$ 12.00

Name and Title of Immediate Supervisor Jo Pantaleo, Director Reason for Leaving Hired Full Time  
 Briefly describe duties Tutored native and nonnative english reading and writing, Taught BSLE workshops for ACT preparation

1. May we contact the employers listed above prior to your being hired at CUNY? All employment (prior/current) will be verified after hire.  
 Yes ☒ No ☐ If no, explain ---

2. Have you previously been employed by CUNY? No ☐ Yes ☒ If yes, please give name of college, dates of employment, title(s) and reason for leaving. See Above



3. Have you ever been discharged or asked to resign from any employment? No ☒ If yes, please explain briefly.
4. List any special skills that you possess that are either required for this job or which you believe will help you perform this job better (e.g., office machines, languages, word processor); be specific: Fax machines, photocopy machines, computers, printers
5. Are you physically, mentally and medically able, with or without reasonable accommodation, to perform fully the essential duties of this job as contained in the job description? Yes ☒ No ☐  
If No, you may still be eligible for appointment to the position. If appointed, be prepared to provide additional specific information.
6. Are you working or do you anticipate working at any other job? Yes ☒ No ☐  
If yes, give name of employer, days and time of work, nature of duties: Island Trees Library, Saturdays as needed or Sundays as needed, Library related
7. Are you currently a full-time student? Yes ☐ No ☒  
If yes, give name of school \_\_\_\_\_ Credits earned this semester \_\_\_\_\_
8. Are you a retiree of either a New York City or State agency and currently collecting a pension? Yes ☐ No ☒  
If yes, are you willing to suspend pension payment if offered a position with CUNY? Yes ☐ No ☒

**NOTICE (Please read carefully)**

A material false statement or omission willfully or fraudulently made in this application (including attached papers and related interviews) will result in disqualification, even following appointment, and may result in criminal prosecution.

If the position for which this application is submitted requires, as a condition of employment, the applicant to successfully undergo a drug, alcohol, medical and/or psychological examination, failure to pass such examination or failure to report for such examination shall be grounds for non-appointment or for invalidating the appointment when an offer has been made. Any offer of employment is contingent on successful completion of The City University of New York's total employment screening process, including, when required, receipt of references which the University or College considers satisfactory.

Only the representations made by the President of the College or the College Appointing Officer -- usually the College Personnel/Human Resources Director made in writing prior to appointment are official representations. No manager or representative of The City University of New York has the authority to make an offer of employment or to represent a condition of employment including those made in writing. If such an offer and/or condition is made by those other than the President or Appointing Officer it would be unenforceable because it would be a violation of the University Bylaws, Rules and Regulations, or Collective Bargaining Agreements governing the administrative policies of the University. The City University reserves the right to revise without notice any personnel policy or practice at any time other than those set forth in the University Bylaws, applicable New York State Laws, Collectively Bargained Agreements, and the Rules of the CUNY Civil Service Commission.

**Applicant's Certification and Agreement****AFFIRMATION:**

I declare and affirm, under penalty of perjury, that I have read and understand the above notice, and that the statements I have made herein are true and correct to the best of my knowledge.

Your Signature: Anthony CammarataDate: 01/22/08**FOR HUMAN RESOURCES MANAGEMENT SERVICES OFFICE USE**

Date Received: \_\_\_\_\_ Mailed: \_\_\_\_\_ Drop In: \_\_\_\_\_

Word Processing Score: \_\_\_\_\_ Date: \_\_\_\_\_ P.O. Staff Initials: \_\_\_\_\_ (Attach summary sheet)

Interview Date: \_\_\_\_\_ By: \_\_\_\_\_ Position: \_\_\_\_\_

Interview Date: \_\_\_\_\_ By: \_\_\_\_\_ Position: \_\_\_\_\_

Interview Date: \_\_\_\_\_ By: \_\_\_\_\_ Position: \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE  
ACTION, AMERICANS WITH DISABILITIES ACT, AND  
IMMIGRATION REFORM AND CONTROL ACT EMPLOYER**





FOR COLLEGE USE ONLY	
SSN #	<u>055 - 70 - 3844</u>
NAME:	<u>Anthony Cammarata</u>
TITLE:	<u>COA</u>

General Instructions for Completing the Personal History Questionnaire in  
Application for Employment in the CUNY Classified Service

**PLEASE READ CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE. PRINT CLEARLY IN INK.  
INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED.  
DO NOT ATTACH YOUR RESUME.**

**ONCE SUBMITTED APPLICATIONS WILL NOT BE RETURNED. KEEP A PHOTOCOPY FOR YOUR RECORDS.  
A PHOTOCOPY MAY BE SUBMITTED SO LONG AS IT BEARS AN ORIGINAL SIGNATURE IN INK.**

This questionnaire may be used by the college as an Employment Application Form, an Appointment Form and an Investigation form. you must complete and sign it if you are seeking a position and/or being appointed to a position within the CUNY Classified Service. Complete the questionnaire as follows:

**Section A, Position Being Sought:** If you are applying for a position in more than one job title, you may indicate this by filling in line number 2. Otherwise, use line number 1 only.

**Section B, Personal Information:** If you are appointed to a position, you will be required to verify your employment eligibility under the Immigration Reform and Control Act of 1986. To do so, you must present original employability and identify document within 3 day of reporting to work. You will, in addition, be required to show an original or certified copy of your birth certificate. The college may make photocopies of these documents.

**Section C, Education History:** Upon appointment, you will be required to show educational documents that verify you meet the educational requirements for the position, e.g., H.S. Diploma, Official College Transcript, etc. The College may make photocopies of these documents. Only accredited U.S. institutions or foreign institutions for which equivalencies can be determined will be accepted for qualifying.

**Section D, Employment History:** Be precise. List separately, in reverse chronological order (most recent job first), each position you have held. Be especially thorough in describing any position which you believe qualifies you for this job. Upon appointment, the College may require you to sign a release form to verify your work history.

**Sections H1 & H2, Military Service Record, Military Disciplinary Record:** Upon appointment, you will be required to verify any claims for preference by submitting an original DD214. A DD214 will also be required to verify your military disciplinary record. The College may make photocopy of this document.

**Section J, Licenses:** Upon appointment, you must show an original, current license, if one is required for this position. The College may make a photocopy of each such document.

**Section K, Convictions:** Upon appointment you will be fingerprinted and your prints, along with this Section, will be sent to the New York State Division of Criminal Justice Services for verification.

**Section L, Notice:** Read carefully and sign the form in ink.

**Section M, Delayed Appointment:** Do not complete this Section unless you have previously applied for this position and are being appointed following a delay of more than 30 days.

If you need additional space to answer any of the Sections in the questionnaire, please use the blank sheet which is located in Section I. Please use the same format as the section you are expanding.

**THANK YOU FOR APPLYING TO THE CITY UNIVERSITY OF NEW YORK**

**The City University of New York is an Equal  
Employment Opportunity/Affirmative Action Employer  
(M/F/V/H)**

## FOR COLLEGE USE ONLY (IF APPLICABLE):

Personnel Vacancy Notice: \_\_\_\_\_

Vacancy Closing Date: \_\_\_\_\_

Posted Salary: \$ \_\_\_\_\_

Posted Title Level: \_\_\_\_\_

Title Code # \_\_\_\_\_ Exam # \_\_\_\_\_

Administrative/Rank # \_\_\_\_\_

SSA \_\_\_\_\_ SSB \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Department: \_\_\_\_\_

College: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

SSN # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

This sheet may be used by a designated college personnel staff member to record verification of candidate responses on the Application for Employment in the CUNY Classified Staff

## ITEM B: WORK AUTHORIZATION - (within 3 days of reporting to work):

Verified by: \_\_\_\_\_

\_\_\_\_\_ verified

\_\_\_\_\_ unverified

Birth Verification (upon appointment):

Signature: \_\_\_\_\_

Date/Place: \_\_\_\_\_

SS A/B Eligibility \_\_\_\_\_

Telephone: \_\_\_\_\_

## ITEM C: EDUCATIONAL DOCUMENTS:

Verified by: \_\_\_\_\_

\_\_\_\_\_ verified

\_\_\_\_\_ unverified

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

## ITEM D: EMPLOYMENT HISTORY:

Verified by: \_\_\_\_\_

\_\_\_\_\_ verified

\_\_\_\_\_ unverified

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

## ITEM H: MILITARY SERVICE:

Verified by: \_\_\_\_\_

\_\_\_\_\_ verified

\_\_\_\_\_ unverified

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

## ITEM I: MILITARY DISCIPLINE:

Verified by: \_\_\_\_\_

\_\_\_\_\_ verified

\_\_\_\_\_ unverified

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

## ITEM J: LICENSES

Verified by: \_\_\_\_\_

\_\_\_\_\_ verified

\_\_\_\_\_ unverified

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Until further notice, the legitimacy and current validity of licenses will be verified by the NYC Department of Personnel.

**PERSONAL HISTORY QUESTIONNAIRE IN  
APPLICATION FOR EMPLOYMENT IN THE CUNY CLASSIFIED SERVICE  
PLEASE READ INSTRUCTIONS ON PAGE ONE**

**A. POSITION BEING SOUGHT:**CHECK ONE: Full-time ☒

P/T Hours available \_\_\_\_\_

Part-time \_\_\_\_\_

P/T Days available \_\_\_\_\_

1. Civil Service Title: College OFFICE Assistant

2. Civil Service Title: \_\_\_\_\_

If hired, how much notice do you require before you can report to work? \_\_\_\_\_

**B. PERSONAL INFORMATION:**

Print

Name:

Anthony

First

M.I.

Cammarata

Last

Mailing  
AddressP.O. Box 603

No.

Street

Apt#

Floral Park, NY

City

State

11002

Zip Code

Telephone Number: Home(516) 424 8067

Business( ) \_\_\_\_\_

Social Security # 055 1 70 1 3844Are you eighteen years of age or older? Yes ☒ No \_\_\_\_\_  
If under eighteen, state your age \_\_\_\_\_

Note: If you were known by any other name including maiden name, please indicate name(s): \_\_\_\_\_

1. Are you authorized to work in the United States? YES**Note:** Under the Immigration Reform & Control Act, CUNY is required to verify your employment eligibility and identity within three days of reporting to work.2. Are you physically, mentally, and medically able, with or without reasonable accommodation, to perform fully the essential duties of this job as contained in the job description? YES (yes/no)

If No, you may still be eligible for appointment to the position. Do you wish to make known at this time what accommodations would be necessary for you to perform fully? \_\_\_\_\_ (yes/no) Use Section I to explain or be prepared to provide information upon appointment.

**Note:** If you are seeking a non-competitive appointment under 55.A or 55.B of the New York Civil service Law for certified seeing, hearing, or mentally impaired persons, you must make known your desire to the selecting official and your eligibility must be verified prior to appointment.**FOR VETERANS USE ONLY**3. Are you claiming veteran's or disabled veteran's preference credits for this position? \_\_\_\_\_  
(NYS law permits you to use veteran's credits only once.)

4. Have you ever used your veteran's preference credits before for a civil service appointment or promotion within the State of New York? \_\_\_\_\_ (yes/no) (your answer will be verified)

Equal Employment Opportunity/  
Affirmative Action Employer  
(M/F/V/H)

**EDUCATIONAL HISTORY:**Please indicate highest equivalent grade of education completed. (e.g. GED = 12; BA = 16) 18List schools attended, beginning with most recent (college, business school, high school, vocational, trade, etc.). If needed, list any additional education clearly on the blank sheet located in Section I, page 8, using the same format. **DO NOT** include non-credit training programs here, use Section I, page 8.1. College or other Post Secondary School's Name and Address (Include Zip code; if not located in U.S., give country, and foreign mail code) Queens College, Flushing, NYDates Attended (Month & Year) 09/01 from 06/03 toGraduated? (Yes or No) YesDegree MLSDate Degree Received 09 month 03 year Total Credits Completed 36 Major Subject Library ScienceNo. of Credits in Major 362. College or Other Post Secondary School's Name & Address (include zip code; if not located in U.S., give country, and foreign mail code) Queens College, Flushing, NYDates Attended (Month & Year) 09/99 from 06/01 toGraduated? (Yes or No) YesDegree BADate Degree Received 06 month 01 year Total Credits Completed 126 Major Subject Studio ArtNo. of Credits in Major 120

3. High School or Trade School's Name &amp; Address (including Zip code; if not located in the U.S., give country, and foreign mail code)

Dates Attended (Month & Year) 06/96 from 06/99 toGraduated? (Yes or No) YesDegree ASMajor Subject Fine Arts4. GED: Year Issued 1992**D. EMPLOYMENT HISTORY:****NOTE:** Please account for any time lapses between employment clearly on the blank sheet, located in Section I, page 8.List all employment for the past 15 years if job-related, starting with your present or most recent job.

1. Name and address of Employer: (Include Zip code; if not located in U.S., give country, and foreign mail code)

Nature of Business Island Trees Library Immediate Supervisor's Phone #: (516) 731-2211Dates of Employment (month & year) 03/08 from Present to

Final Base Salary (indicate only one):

( ) Annual \$ \_\_\_\_\_

( ) Weekly \$ \_\_\_\_\_

(X) Hourly \$ 20.Exact Office Title and/or Civil Service Title of your Position: LibrarianNumber of Hours Worked Per Week: 4Name and Title of Immediate Supervisor: Frank McKennaDescribe in full the duties of this job: Answer ready reference questions, instruct Patron's on information databases, weed library collection

Number of Employees Directly Supervised: \_\_\_\_\_ Reason for Leaving Still employed

**EMPLOYMENT HISTORY (continued):**

2. Name & Address of Employer: (include Zip code; if not located in U.S., give country, and foreign Zip code)

Nature of Business Queensborough Community College Immediate Supervisor's Phone #: (718) 631 6284

Dates of Employment (month & year) 12/15/07 from 10/01/08 to

Final Base Salary (Indicate only one):

( ) Annual \$ \_\_\_\_\_  
( ) Weekly \$ \_\_\_\_\_  
(x) Hourly \$ 9.85

Exact Office Title and/or Civil Service Title of your Position: Office Assistant

Number of Hours Worked Per Week: 15-20

Name and Title of Immediate Supervisor: Dr Thomas Smith, Chair Speech Dept.

Describe in full the duties of this job: Organized department library, answered telephones, performed data entry tasks, faxed dept. documents

Number of Employees Directly Supervised: \_\_\_\_\_ Reason for Leaving Budget Expired

3. Name & Address of Employer: (include Zip code; if not located in U.S., give country, and foreign Zip code)

Nature of Business Queensborough Community College Immediate Supervisor's Phone #: (718) 281 5709

Dates of Employment (month & year) 10/07 from 10/07/08 to

Final Base Salary (Indicate only one):

( ) Annual \$ \_\_\_\_\_  
( ) Weekly \$ \_\_\_\_\_  
(x) Hourly \$ 12

Exact Office Title and/or Civil Service Title of your Position: Tutor

Number of Hours Worked Per Week: 8

Name and Title of Immediate Supervisor: Jo Pantaleo Director Basic Skills Learning Center

Describe in full the duties of this job: Tutored native & non-native english, Taught ACT Reading & Writing exams

Number of Employees Directly Supervised: \_\_\_\_\_ Reason for Leaving Budget Problems

4. Name & Address of Employer: (include Zip Code; if not located in U.S., give country, and foreign Zip Code)

Nature of Business \_\_\_\_\_ Immediate Supervisor's Phone #: ( ) \_\_\_\_\_

Dates of Employment (month & year) \_\_\_\_\_ / \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Final Base Salary (Indicate only one):

( ) Annual \$ \_\_\_\_\_  
( ) Weekly \$ \_\_\_\_\_  
( ) Hourly \$ \_\_\_\_\_

Exact Office Title and/or Civil Service Title of your Position: \_\_\_\_\_

Number of Hours Worked Per Week: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Describe in full the duties of this job: \_\_\_\_\_

Number of Employees Directly Supervised: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

5. Name & Address of Employer: (Include Zip Code; if not located in U.S., give country, and foreign Zip Code)

Nature of Business \_\_\_\_\_ Immediate Supervisor's Phone #: ( ) \_\_\_\_\_

Dates of Employment (month & year) \_\_\_\_\_ / \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

Final Base Salary (indicate only one):

( ) Annual \$ \_\_\_\_\_

( ) Weekly \$ \_\_\_\_\_

( ) Hourly \$ \_\_\_\_\_

Exact Office Title and/or Civil Service Title of your Position: \_\_\_\_\_

Number of Hours Worked Per Week: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Describe in full the duties of this job: \_\_\_\_\_

Number of Employees Directly Supervised: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**NOTE: IF NEEDED, LIST ANY ADDITIONAL EMPLOYMENT CLEARLY ON THE BLANK SHEET LOCATED IN SECTION 1, USING THE SAME FORMAT.**

For investigation purposes following appointment, we will contact all of the employers listed above in Section D. Please indicate by number, which employers you do not wish us to contact prior to your being hired at CUNY: \_\_\_\_\_

#### EMPLOYMENT SEPARATIONS:

Have you ever been terminated or asked to resign from any employment? NO If yes, give employer's name, your job title, dates of employment, and reason for leaving.

#### F. OTHER SKILLS:

List the skills that you possess that are either required for this job or which you believe will help you perform this job better (e.g., office machines, languages, word processor); be specific:

#### G. OTHER PERTINENT INFORMATION:

Do you intend to continue any other position(s) with a City or State Agency or a CUNY College/Unit?

Yes \_\_\_\_\_ / No \_\_\_\_\_ If yes, please state below.

Agency/College \_\_\_\_\_ Title \_\_\_\_\_

Are you a full-time student? (Y/N) NO Where? \_\_\_\_\_

Have you ever worked for CUNY? (Y/N) \_\_\_\_\_ Where and When \_\_\_\_\_

#### H.1 MILITARY SERVICE RECORD:

Have you ever served in the armed forces of the United States? \_\_\_\_\_ If yes, complete the following section as it appears on

your discharge or separation papers:

What branch? \_\_\_\_\_

Serial/Service No.: \_\_\_\_\_

**H.1 MILITARY SERVICE RECORD (continued):**

Dates of active service (Month/Year): \_\_\_\_\_ / \_\_\_\_\_  
From To

Name as it appears on discharge papers: \_\_\_\_\_

Rank: \_\_\_\_\_ Military Occupation Specialty: \_\_\_\_\_

Enlistment Date (Month/Year) \_\_\_\_\_ / \_\_\_\_\_ Date of Discharge (Month/Year) \_\_\_\_\_ / \_\_\_\_\_

If you are a disabled veteran, please complete the following section:

V.A. Claim No.: \_\_\_\_\_ Regional Office Where V.A. Records are filed: \_\_\_\_\_

Note: You will be asked to verify any claims for preference by submitting an original DD214.

**H.2 MILITARY DISCIPLINARY RECORD:**

Were you ever tried and convicted of an offense resulting in a court martial while serving in the military? \_\_\_\_\_ If yes, give details of the charges and disposition below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I. USE THIS SECTION FOR ADDITIONAL INFORMATION. INDICATE THE LETTER OF THE SECTION BEING EXTENDED. USE THE SAME FORMAT. ATTACH A SEPARATE SHEET IF NECESSARY.**

**L. NOTICE (Please read carefully)**

A material false statement or omission willfully or fraudulently made in this application (including attached papers and related interviews) will result in disqualification, even following appointment, and may result in criminal prosecution.

If the position for which this application is submitted requires, as a condition of employment, the applicant to successfully undergo a drug, alcohol, or medical examination, failure to pass such examination or failure to report for such examination shall be grounds for non-appointment or for invalidating the appointment when an offer has been made. Any offer of employment is contingent on successful completion of The City University of New York's total employment screening process, including, when required, receipt of references which the University or College considers satisfactory.

No manager or representative of The City University of New York has the authority to make an offer of employment or to represent a



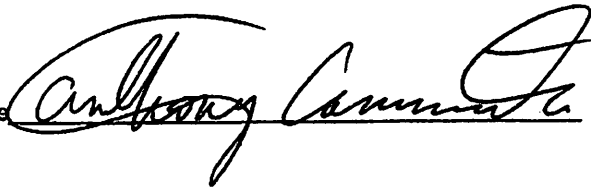
condition of employment which is in violation of the Bylaws, Rules, regulations, or collective bargaining agreements governing the administration of the Classified Service of the University. Any representations which are contrary to administrative policies of the University, including those made in writing, are unenforceable. Only the representations made by the President of the College or the College Appointing Officer – usually the College Personnel Director – made in writing prior to appointment represent official representations.

The City University reserves the right to revise without notice any personnel policy or practice at any time other than those set forth in the University Bylaws, applicable New York State Laws, collectively bargained agreements, and the Rules of the CUNY Civil Service Commission.

**AFFIRMATION:**

I declare and Affirm, under penalty of perjury, that I have read and understand the above notice, and that the statements I have made herein are true and correct to the best of my knowledge.

Your Signature



Date

7/22/08

IF YOUR APPOINTMENT HAS BEEN DELAYED BY MORE THAN 30 DAYS  
SINCE YOU LAST SIGNED THIS APPLICATION,  
YOU MUST COMPLETE THE BACK PAGE OF THIS APPLICATION

**DELAYED APPOINTMENT ONLY:**

IF YOUR APPOINTMENT HAS BEEN DELAYED BY MORE THAT 30 DAYS SINCE YOUR INITIAL SUBMISSION OF AN APPLICATION, UPON BEING HIRED YOU WILL BE ASKED TO REVIEW THIS APPLICATION AGAIN TO DETERMINE IF YOU NEED TO MAKE CHANGES AND CORRECTIONS. FOR CHANGES IN SECTIONS J AND K, MAKE THOSE CHANGES DIRECTLY IN THOSE SECTIONS ON THE CONVICTION NOTICE AND LICENSE REGISTRATION FORM. OTHERWISE, MAKE CHANGES OR CORRECTIONS IN THE SPACE BELOW.

**SIGN THE APPLICATION AGAIN, IN SECTION M, BELOW.**

**M. DELAYED APPOINTMENT:**

If you are resubmitting this form following a delay in your appointment of more than 30 days from the date of your first submission, you must sign again to certify the accuracy of your application.

A material false statement or omission willfully or fraudulently made will result in disqualification, even following appointment, and may result in criminal prosecution.

**AFFIRMATION:**

I have made in the space above all the changes and corrections that have occurred since my first submission of this application, under Delayed Appointment, or in Sections J and K as directed above.

I declare and affirm, under the penalties of perjury, that I understand the above notice and that the statements contained herein are true and correct to the best of my knowledge.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFSR-602  
9/05



# EXHIBIT Q



**Office of Human Resources Management**  
Central Office Human Resources  
205 East 42<sup>nd</sup> Street, 10<sup>th</sup> floor  
New York, NY 10017  
Tel: 646-664-3300  
Fax: 646-664-2962

September 6, 2017

Sanford Kutner, Esq.  
Oklahoma City, OK  
New York, NY  
Email: [civilrightslaw@aol.com](mailto:civilrightslaw@aol.com)

Dear Mr. Kutner:

I am responding to your letter of July 5, 2017 regarding Anthony Cammarata which was sent via email to Vice Chancellor Waters. I apologize for my delay in responding. There is no merit to your claim that Mr. Cammarata has been treated in a hostile and unfair manner, or to any of the allegations you raise. To the contrary, Mr. Cammarata has now been on leave from his position at CUNY for close to a year with very scanty medical documentation. Below are my responses to the issues raised in your letter:

1. Mr. Cammarata exhausted his FMLA leave in early December 2016, and has been seeking a further leave as a reasonable accommodation for a disability. CUNY is entitled to obtain a complete medical certification to determine whether a continuous leave of absence is necessary and what duties Mr. Cammarata can and cannot perform. The certification from Mr. Cammarata's doctor, Dr. Kvetny, dated November 30, 2016 is incomplete and illegible. His subsequent letter dated January 30, 2017 did not provide any specific information. Therefore, CUNY was entitled to seek further information from Mr. Cammarata's doctor.
2. In his Request Form requesting further leave, dated December 2, 2016, Mr. Cammarata agreed that "if the certification is not clear, the College can contact the Healthcare Provider for clarification."
3. Mr. Cammarata was provided with his personnel records, which were received by him on or about June 7, 2017.

As stated above, Mr. Cammarata has now been on medical leave without sufficient medical documentation, since on or about December 2, 2016, and has been not been working for approximately one year. It is not a reasonable accommodation to hold a job open indefinitely. CUNY needs to know if Mr. Cammarata is still claiming to be unable to return to work, or whether he can provide a return date in the near future. If he cannot, CUNY will need to begin proceedings to terminate his employment.

Sincerely,

Sonia S. Pearson  
Director of Human Resources

Cc: Vice Chancellor Waters



# EXHIBIT R

SANFORD KUTNER  
Attorney at Law  
Oklahoma City, OK  
New York, NY  
(405) 923-1644 or (347) 434-4444  
FAX (866) 613 6209  
Email: [civilrightslaw@aol.com](mailto:civilrightslaw@aol.com)

**ALL ADDRESSEES WILL BE ONLY NOTIFIED BY EMAIL or FAX**

September 8, 2017

Sonia S. Pearson  
Director of Human Resources  
Office of Human Resources Management  
Central Office Human Resources  
205 East 42nd Street, 10th floor  
New York, NY 10017

September 8, 2017

Dear Ms. Pearson:

This letter is being sent in response to your letter Dated September 6, 2017 regarding Anthony Cammarata, which your office purposely delayed in responding. There is no merit to your claim that Mr. Cammarata has NOT been treated in a hostile and unfair manner, or to any of the claims that you raise in regards to his condition. While Mr. Cammarata has now been on leave from his position at CUNY for close to a year, his doctor did supply the necessary medical documentation along with follow up letters indicating the severity of the condition. Below are the rebuttals to the issues you have raised in your letter:

1. First and foremost, it is unacceptable that it took you nearly 2 months to respond to this letter on purpose, further delaying the issue that CUNY failed to provide Mr. Cammarata with an extension to his FMLA leave request on December 2, 2016. Your office did not send a letter asking for further clarification until December 12, 2016 "**Exhibit A**". This was your first attempt to put undue pressure on Mr. Cammarata, thereby, having his doctor write a letter on December 19, 2016, "**Exhibit B**", further explaining his condition and reason for continued leave with reasonable accommodation for his disability. You claim that Dr. Kvetny's subsequent letter dated January 30, 2017 "**Exhibit C**" did not provide any specific information. This is erroneous. The explanation was clear and specific as to Mr. Cammarata's condition and clearly stated that Mr. Cammarata suffers from anxiety and depression, panic attacks daily, therefore, he is continuously disabled and unable to perform all of his duties. If you are aware of, or perhaps your legal department should be aware of HIPAA which protects the confidentiality of a Doctor's patient and their complete medical records. Unless a patient signs a release of said records, a doctor cannot release

certain information. Therefore, your statement that CUNY was entitled to seek further information from Mr. Cammarata's doctor is completely fabricated and shows no merit.

2. You next state that in Mr. Cammarata's Request Form requesting further leave, dated December 2, 2016, Mr. Cammarata agreed that "if the certification is not clear, the College can contact the Healthcare Provider for clarification." That is a complete fabrication. Mr. Cammarata did provide further clarification from his doctor within the allotted time he was given by CUNY, twice as a matter of fact, once on December 19, 2016 and again on January 30, 2017. But what Mr. Cammarata did not agree to, in which your office and CUNY tried to do, was to circumvent Mr. Cammarata and by sending a direct request for medical information from Dr. Kvetny without notifying Mr. Cammarata. Which, not only violates Mr. Cammarata's rights, but also HIPAA. Mr. Cammarata has a record this heinous disregard for his civil rights. Furthermore, since that Request for FMLA was denied by your office, that agreement was nullified, further violating FMLA laws.
3. Since being removed from payroll and health insurance of any kind, without any warning to Mr. Cammarata, written or otherwise, CUNY violated a federal law. The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), which gives eligible employees the right to continue their health insurance if they would otherwise lose that opportunity due to job loss or a cut in hours that brings them below the employer's coverage threshold. Thereby, CUNY denied Mr. Cammarata the right to C.O.B.R.A. And since Mr. Cammarata was not terminated, CUNY Broke this Law and again violated Mr. Cammarata's Civil Rights.

*N.Y. Ins. Law § § 3221(f), 3221(m)*

**Eligibility:** Group health plans for employers with 20 or more employees on more than 50 percent of the working days in the previous calendar year are subject to COBRA. The term "employees" includes all full-time and part-time employees, as well as self-employed individuals. For this purpose, the term employees also includes agents, independent contractors and directors.

**Length of coverage for employee:** 36 months.

**Length of coverage for dependents:** 36 months.

**Qualifying event:** Termination of employment; death of employee; divorce or legal separation; loss of dependent status; employee's eligibility for Medicare.

**Time employee has to apply:** 60 days after termination or receipt of notice, whichever is later.

4. To your last statement Mr. Cammarata WAS NOT provided with his complete personnel records, which he requested twice from Ms. Lidia Sanchez, once on May 11, 2017, "Exhibit D" where his email went unanswered, and in a second attempt on May 28, 2017 "Exhibit E", only to finally receive a response on May 31, 2017 "Exhibit F" by Francis Correa. Furthermore, the envelope "Exhibit G" which weighed 4.7 ounces and the only documents contained in the envelope

sent were his original Hiring Letters, a letter of salary increase and some incidental forms. Thereby, denying his Civil Rights once again, and violating the Freedom of Information Act.

As stated above, Mr. Cammarata has had his Civil Rights violated on more than one occasion. He has been on leave without sufficient medical health care coverage since on or about January 19, 2017, and has been denied COBRA. CUNY has violated HIPAA, The Freedom of Information Act, and countless other violations and Laws. Mr. Cammarata will agree to return to CUNY, once CUNY has back-paid 8 months of his full salary along with medical insurance he has been without for 8 months. A formal apology, to be placed in his personnel record, for putting Mr. Cammarata under unnecessary emotional suffering.

Cc: Vice Chancellor Waters  
Katherine Raymond, Esq.